

Family Medicine

Version 1.0

Scope

<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
<i>C</i> The scope of privileges in Family Medicine includes the evaluation, diagnosis, treatment, and consultation for patients of all ages with any symptom, illness, injury, or condition. Family Medicine physicians may admit and may provide care to patients in the intensive care setting in conformance with MTF policies. They may assess, stabilize, and determine disposition of patients with emergent conditions.	☑	☐

Diagnosis and Management (D&M):

<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
<i>C</i> Obstetrical Care	☐	☑
<i>C</i> Pulmonary function testing and interpretation	☐	☑
<i>C</i> (Limited) PULMONARY FUNCTION INTERPRETATION (U.S. COAST GUARD ONLY)	☑	☐
<i>C</i> Basic synovial fluid analysis	☐	☑
<i>C</i> Supervise and/or perform basic spirometry with flow/volume loops and pre/post bronchodilator if needed	☐	☑
<i>C</i> (Limited) SUPERVISE BASIC SPIROMETRY WITH FLOW/VOLUME LOOPS AND PRE/POST BRONCHODILATOR IF NEEDED (U.S. COAST GUARD ONLY)	☑	☐
<i>C</i> Cardiac stress test	☐	☑
<i>C</i> Electrocardiogram (EKG) interpretation	☑	☐
<i>C</i> Mechanical ventilatory management (invasive and noninvasive)	☐	☑

D & M Advanced Privileges (Requires Additional Training):

<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
<i>C</i> Aeroallergen skin prick testing (NOT intradermal)	☐	☑
<i>C</i> Administer immunotherapy (allergy shots) for aeroallergen and venom patients	☑	☐

Procedures:

<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
<i>C</i> Topical and local infiltration anesthesia	☑	☐
<i>C</i> Peripheral nerve block anesthesia	☑	☐
<i>C</i> Pudendal nerve block anesthesia	☐	☑
<i>C</i> Newborn lumbar puncture	☐	☑
<i>C</i> Pediatric lumbar puncture	☐	☑
<i>C</i> Adult lumbar puncture	☐	☑
<i>C</i> Endotracheal intubation	☑	☐
<i>C</i> Intraosseous catheter / trocar insertion	☑	☐
<i>C</i> Paracentesis	☐	☑
<i>C</i> Thoracentesis	☐	☑
<i>C</i> Cardioversion, elective	☐	☑
<i>C</i> Newborn umbilical vessel catheterization	☐	☑
<i>C</i> Central venous catheter insertion	☐	☑
<i>C</i> Flexible Sigmoidoscopy with and without biopsy	☐	☑

Surgical:

<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
<i>C</i> Surgical first assistant	☐	☑
<i>C</i> Thrombosed hemorrhoid incision and drainage (I&D)	☑	☐
<i>C</i> Tube thoracostomy	☐	☑
<i>C</i> Breast mass aspiration	☑	☐
<i>C</i> Pilonidal cyst excision/marsupialization	☐	☑
<i>C</i> Lymph node biopsy	☐	☑

<i>C</i>	Needle biopsy of solid and cystic breast lesions	<input type="radio"/>	<input checked="" type="radio"/>
<i>C</i>	Newborn circumcision	<input type="radio"/>	<input checked="" type="radio"/>
<i>C</i>	Vasectomy	<input checked="" type="radio"/>	<input type="radio"/>
	Hemorrhoidectomy	<input type="radio"/>	<input checked="" type="radio"/>
	Extensor tendon repair	<input type="radio"/>	<input checked="" type="radio"/>
<input type="checkbox"/>	<b>Skin Biopsies:</b>		
	<b><u>Privilege(s)</u></b>	<b><u>Supported</u></b>	<b><u>Not Supported</u></b>
<i>C</i>	Punch biopsy	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Shave biopsy	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Excisional biopsy	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Incisional biopsy	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Cryosurgical removal of skin lesions	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Laceration repair	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Incision and drainage of cysts and minor abscesses	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Complete / partial nail removal with or without destruction of nail matrix	<input checked="" type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<b>Head and Neck:</b>		
	<b><u>Privilege(s)</u></b>	<b><u>Supported</u></b>	<b><u>Not Supported</u></b>
<i>C</i>	Removal of ocular foreign body	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Tonometry	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Removal of nasal foreign body	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Placement of posterior nasal packs or balloons	<input type="radio"/>	<input checked="" type="radio"/>
<i>C</i>	Anterior nasal packing	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Removal of otic foreign body	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Tympanometry	<input checked="" type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<b>Musculoskeletal:</b>		
	<b><u>Privilege(s)</u></b>	<b><u>Supported</u></b>	<b><u>Not Supported</u></b>
<i>C</i>	Reduction of simple closed fractures and dislocations	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Cast / splint simple closed fractures and dislocations	<input checked="" type="radio"/>	<input type="radio"/>
	Arthrocentesis	<input checked="" type="radio"/>	<input type="radio"/>
	Joint injection	<input checked="" type="radio"/>	<input type="radio"/>
	Soft tissue injections	<input checked="" type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<b>GYN:</b>		
	<b><u>Privilege(s)</u></b>	<b><u>Supported</u></b>	<b><u>Not Supported</u></b>
	Insertion and removal of subcutaneous contraceptive devices	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Vaginal diaphragm fitting	<input checked="" type="radio"/>	<input type="radio"/>
<i>C</i>	Cervical biopsy	<input type="radio"/>	<input checked="" type="radio"/>
	Cervical cryotherapy	<input type="radio"/>	<input checked="" type="radio"/>
<i>C</i>	Culdocentesis	<input type="radio"/>	<input checked="" type="radio"/>
<i>C</i>	Endometrial biopsy	<input checked="" type="radio"/>	<input type="radio"/>
	Loop electrical excision procedure	<input type="radio"/>	<input checked="" type="radio"/>
	Dilatation and curettage - diagnostic and / or therapeutic	<input type="radio"/>	<input checked="" type="radio"/>
	Uterine curettage following incomplete abortion	<input type="radio"/>	<input checked="" type="radio"/>
<i>C</i>	Colposcopy with or without cervical biopsy	<input type="radio"/>	<input checked="" type="radio"/>
<input type="checkbox"/>	<b>Obstetrics:</b>		
	<b><u>Privilege(s)</u></b>	<b><u>Supported</u></b>	<b><u>Not Supported</u></b>
	Induction of labor	<input type="radio"/>	<input checked="" type="radio"/>

	Placement of internal fetal and uterine monitoring devices	<input type="radio"/>	<input checked="" type="radio"/>
	Amnioinfusion	<input type="radio"/>	<input checked="" type="radio"/>
	Amniocentesis	<input type="radio"/>	<input checked="" type="radio"/>
	Ultrasound: limited for fetal life, fetal presentation, fetal number, assessment of amniotic fluid (AFI), and assessment of placental location	<input type="radio"/>	<input checked="" type="radio"/>
	Vaginal probe ultrasound in the first trimester for documentation of intrauterine pregnancy	<input type="radio"/>	<input checked="" type="radio"/>
	Obstetrical ultrasound for the determination of head circumference, femur length, crown-rump length	<input type="radio"/>	<input checked="" type="radio"/>
	Obstetrical ultrasound for fetal and placental survey	<input type="radio"/>	<input checked="" type="radio"/>
	Second and third trimester ultrasound for the estimation of fetal weight and gestational age (head circumference, abdominal circumference, femur length)	<input type="radio"/>	<input checked="" type="radio"/>
	Obstetrical ultrasound for the determination of cervical length	<input type="radio"/>	<input checked="" type="radio"/>
	Outlet vacuum-assisted vaginal deliveries	<input type="radio"/>	<input checked="" type="radio"/>
	Low forceps delivery	<input type="radio"/>	<input checked="" type="radio"/>
	Delivery: Breech presentation	<input type="radio"/>	<input checked="" type="radio"/>
	Repair of obstetric lacerations: episiotomy and second degree lacerations	<input type="radio"/>	<input checked="" type="radio"/>
	Manual extraction of the placenta	<input type="radio"/>	<input checked="" type="radio"/>
	<b>Procedure Advanced Privileges (Requires Additional Training):</b>		
	<b><u>Privilege(s)</u></b>	<b><u>Supported</u></b>	<b><u>Not Supported</u></b>
	Esophagogastroduodenoscopy with / without biopsy	<input type="radio"/>	<input checked="" type="radio"/>
	Primary surgeon for c-section	<input type="radio"/>	<input checked="" type="radio"/>
	Hysterosalpingography	<input type="radio"/>	<input checked="" type="radio"/>
	Bilateral Tubal Ligation	<input type="radio"/>	<input checked="" type="radio"/>
	Nasolaryngoscopy	<input type="radio"/>	<input checked="" type="radio"/>
	Rapid sequence intubation	<input type="radio"/>	<input checked="" type="radio"/>
	Colonoscopy with / without biopsy	<input type="radio"/>	<input checked="" type="radio"/>
	<b>Other (Facility- or provider-specific privileges only):</b>		