

## EVALUATION OF CLINICAL PRIVILEGES - VASCULAR SURGERY

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM <span style="float: right;">TO</span>
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

### SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	<b>a. Arterial Operations.</b>			
	(1) Aneurysmorrhaphy/endarterectomy/arterial bypass of all arteries with the exception of coronary and intracerebral vessels			
	(2) Arteriovenous fistulae or shunt formation for renal dialysis			
	(3) Amputations for severe vascular insufficiency			
	(4) First rib/cervical rib resections for thoracic outlet syndrome			
	(5) Sympathectomy for vascular insufficiency or spasm			
	<b>b. Endograft Placement.</b>			
	(1) Aortic or peripheral arteries for aneurysmal or occlusive disease			
	<b>c. Endovascular Operations.</b>			
	(1) Angioplasty and stenting of all arteries and veins with the exception of coronary and intracerebral vessels			
	(2) Transfemoral and transbrachial arteriography with interpretation			
	(3) Thrombolysis of all arteries and veins with the exception of coronary arteries and intracerebral vessels			
	(4) Intraoperative arteriography			
	(5) Angioscopy			
	<b>d. Portal Hypertension Operations.</b>			
	(1) Portacaval or mesocaval shunts, splenorenal shunts and others			
	<b>e. Venous Operations.</b>			
	(1) Vein stripping and avulsions, interruption of perforating veins including SEPS, treatments for spider veins including laser			
	(2) Lymphangioplasty or lymphaticovenous shunts for lymphedema			
	(3) Venography			
	<b>f. Non-invasive Vascular Laboratory Interpretations.</b>			
	<b>g. Other. <i>(Specify)</i></b>			

**SECTION II - COMMENTS** *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR

SIGNATURE

DATE *(YYYYMMDD)*