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Advanced Practice Nurses' Authority to Diagnose and Prescribe





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PREFACE

Collaboration among members of the health care team to achieve excellence in patient care may at times be a challenge given the complex rules prescribed by Illinois law regarding health care team relationships.

This publication provides a resource toward better understanding of the current regulatory requirements for health care team relationships, most specifically to do with advanced practice nurses' authority to diagnose and prescribe.

Statutory or rule text is in italics, and numerous footnotes point directly to the source of the information.

Professional Definitions

“Advanced practice nurse” or “APN” means a person who has met the qualifications for a: (i) certified nurse midwife (CNM); (ii) certified nurse practitioner (CNP); (iii) certified registered nurse anesthetist (CRNA); or (iv) certified clinical nurse specialist (CNS) and has been licensed by the Department [of Financial and Professional Regulation]. All advanced practice nurses licensed and practicing in the State of Illinois shall use the title APN and may use specialty credentials after their name.¹

“Dentist” means a person who has received a general license pursuant to paragraph (a) of Section 11 of this Act and who may perform any intraoral and extraoral procedure required in the practice of dentistry and to whom is reserved the responsibilities specified in Section 17.²

“Physician” means a person licensed under the Medical Practice Act to practice medicine in all of its branches under the Medical Practice Act of 1987.³

“Podiatric physician” means a physician licensed to practice podiatric medicine.⁴ Herein, also referred to as a podiatrist.

I. ADVANCED PRACTICE NURSING

- The Nurse Practice Act (Act) authorizes licensure of nurses in three categories: licensed practical nurses⁵, registered professional nurses⁶ and advanced practice nurses (APN).⁷ The Department of Financial and Professional Regulation, Division of Professional Regulation, licenses nurses in Illinois.
- Advanced practice nursing (APN) licenses are granted in four categories⁸:
 1. Certified nurse midwife
 2. Certified nurse practitioner
 3. Certified clinical nurse specialist
 4. Certified registered nurse anesthetist
- All licensed APNs practicing outside a licensed hospital, hospital affiliate, or ambulatory surgical treatment center, must have “a written collaborative agreement” with a collaborating physician licensed to practice medicine in all its branches, dentist or podiatric physician.⁹ An APN with a collaborative agreement may care for a patient to the extent permitted by the collaborative agreement.¹⁰
- Collaboration and consultation are defined as follows:¹¹

“Collaboration” means a process involving 2 or more health care professionals working together, each contributing one’s respective area of expertise to provide more comprehensive patient care.

“Consultation” means the process whereby an advanced practice nurse seeks the advice or opinion of another health care professional. ■

II. APN WRITTEN COLLABORATIVE AGREEMENT

- A written collaborative agreement shall describe the working relationship of the advanced practice nurse with the collaborating physician, dentist or podiatric physician.¹²
- This agreement is required, at a minimum, to contain the following information:
 1. *Authorized categories of care, treatment or procedures to be performed by the advance practice nurse.*¹³
 2. *Authorized procedures [that] require presence of the collaborating physician, dentist, or podiatrist, as the procedures are being performed.*¹⁴
 3. *Methods of communication available for consultation with the collaborating physician, dentist, or podiatric physician “in person or by telecommunications in accordance with established written guidelines as set forth in the written agreement.”*¹⁵
 4. *Any delegated prescriptive authority.*¹⁶

- Furthermore, the agreement must specify the authorized services, but is not required to “*describe the exact steps that an advanced practice nurse must take with respect to each specific condition, disease, or symptom.*”¹⁷
- *Absent an employment relationship, an [collaborative] agreement may not restrict the categories of patients or third-party payment sources accepted by the advanced practice nurse.*¹⁸
- Periodically, the physician or podiatric physician and APN should review the collaborative agreement and update it as necessary. A sample written collaborative agreement is provided in the Division of Professional Regulation rules.¹⁹
- APNs may enter into any reasonable number of written collaborative agreements.²⁰ APNs must “*inform each collaborating physician, dentist, or podiatrist of all collaborative agreements he or she has signed and provide a copy of these to any collaborating physician, dentist, or podiatrist upon request.*”²¹
- A physician attempting to collaborate with or provide medical collaboration and consultation to an unreasonable number of APNs could result in an inability to provide adequate collaboration.²²
- The agreement must contain provisions “*detailing notice for termination or change of status involving a written collaborative agreement, except when such notice is given for just cause.*”²³ ■

III. APN SCOPE OF PRACTICE

- An APN may only provide services within the actual scope of practice of the collaborating physician, podiatric physician or dentist. These are “*services that the collaborating physician or podiatrist is authorized to and generally provides to his or her patients in the normal course of his or her clinical medical practice*”²⁴ with separate provisions for certified registered nurse anesthetists²⁵ and dentists.²⁶

“Generally provides to his or her patients in the normal course of his or her clinical medical practice” means services, not specific tasks or duties, the physician or podiatrist routinely provides individually or through delegation to other persons so that the physician or podiatrist has the experience and ability to provide collaboration and consultation.

(continued)

APN SCOPE OF PRACTICE *continued*

- Examples of the scope of APN practice include the following:
 - + A family practice physician who does not attend deliveries may not authorize in a written collaborative agreement an APN such as a nurse midwife to attend deliveries. A nurse midwife may not attend deliveries without a written collaborative agreement with a physician who does attend deliveries.

The Medical Practice Act specifies:²⁷

With respect to labor and delivery, the collaborating physician must provide delivery services in order to participate with a certified nurse midwife.

- + A physician who does not treat minors may not authorize an APN to treat minors.
- + A physician who specializes in cardiac care may not enter into a collaborative agreement with an APN to provide comprehensive wellness care for women.
- Furthermore, a physician may not delegate duties which are required by statute to be performed by a physician.²⁸ A number of laws allow APNs to perform specific functions when authorized in the written collaborative agreement such as completion and execution of a school health examination.²⁹
- The collaborating physician or podiatrist must provide “*collaboration and consultation with the advanced practice nurse at least once a month.*”³⁰
- Collaboration and consultation are defined as follows:³¹

“*Collaboration*” means a process involving 2 or more health care professionals working together, each contributing one’s respective area of expertise to provide more comprehensive patient care.

“*Consultation*” means the process whereby an advanced practice nurse seeks the advice or opinion of another health care professional.
- In addition, both the APN and collaborating physician or podiatrist must create and approve “*orders or guidelines*” which are periodically reviewed by them.³² The services provided under the orders or guidelines must also be reviewed by the collaborating physician or podiatric physician.³³ ■

IV. CRNA SCOPE OF PRACTICE

- A CRNA may only attend to patients or provide services under the order or collaboration and consultation of an anesthesiologist, physician, dentist or podiatric physician.³⁴ No CRNA may provide anesthesia services independently or without the participation, presence, availability and approval of an anesthesiologist, physician, dentist or podiatrist.³⁵
- Collaboration and consultation is required in all practice settings.³⁶ The Medical Practice Act of 1987 specifies the standards for collaboration.³⁷

CRNA SCOPE OF PRACTICE *continued*

Collaboration for a certified registered nurse anesthetist shall be adequate if:

(1) an anesthesiologist or a physician participates in the joint formulation and joint approval of orders or guidelines and periodically reviews such orders and the services provided patients under such orders; and

(2) for anesthesia services, the anesthesiologist or physician participates through discussion of and agreement with the anesthesia plan and is physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. Anesthesia services in a hospital shall be conducted in accordance with Section 10.7 of the Hospital Licensing Act and in an ambulatory surgical treatment center in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.

- When services of an anesthesiologist are not available 24 hours a day at a hospital or ASTC, the hospital or ASTC is required to adopt an alternative policy “*requiring participation, presence, and availability of a physician licensed to practice medicine in all its branches*” in the development and approval of the anesthesia plan as well as remaining physically present during provision of the services.³⁸
- In the office of a physician, podiatric physician or dentist, CRNAs may only provide services in accordance with a written collaborative agreement.³⁹ The written collaborative agreement must be with an anesthesiologist or the operating physician, operating dentist or operating podiatric physician.⁴⁰
- The collaborating anesthesiologist or physician, dentist or podiatric physician, including an operating physician, dentist, or podiatric physician, must meet specified criteria to enter into a collaborative agreement with a CRNA to ensure required training and experience in the delivery of anesthesia physician requirements discussed later under VI. – B – Physician Office Anesthesia Requirement, or Dentist Office Anesthesia Requirement.⁴¹
- Both the collaborating physician, or dentist, and the CRNA must maintain current certification in advanced cardiac life support sponsored by the American Heart Association.⁴²
- A CRNA in the office setting is required to follow *Sections 1 through 11 of the “Standards for Office Based Anesthesia Practice” of the American Association of Nurse Anesthetists, 222 South Prospect Avenue, Park Ridge, Illinois 60068 (2005).*⁴³
- Under all practice settings, a CRNA has authority “*to select, order, and administer medication, including controlled substances drugs and apply the appropriate medical devices in the provision of anesthesia services under the anesthesia plan approved as required by the anesthesiologist, or operating physician, dentist or podiatrist.*”⁴⁴ No authority exists for CRNAs to prescribe anesthetic agents or devices independently or without an approved anesthesia plan. ■

V. DENTIST OFFICE ANESTHESIA REQUIREMENTS – CRNAs only

- IN AN OFFICE SETTING ONLY – A dentist may enter into a collaborative agreement with a CRNA for the delivery of anesthesia services. A dentist is not authorized to delegate prescriptive authority.⁴⁵
- Dentists must possess the proper permit from the Illinois Department of Financial and Professional Regulation for the type of anesthesia to be delivered for any procedure.⁴⁶
 - > Minimal sedation (anxiolysis) – No permit is required beyond the D.D.S. or D.M.D. degrees.⁴⁷
 - > Moderate sedation (conscious sedation) requires a Permit A.⁴⁸
 - > Deep sedation and general anesthesia requires a Permit B.⁴⁹
- *A certified registered nurse anesthetist who provides anesthesia services in a dental office shall enter into a written collaborative agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches or the operating dentist performing the procedure. The agreement shall describe the working relationship of the certified registered nurse anesthetist and dentist, and shall authorize the categories of care, treatment, or procedures to be performed by the certified registered nurse anesthetist.*⁵⁰
- *In a collaborating dentist's office, the certified registered nurse anesthetist may only provide those services that the operating dentist with the appropriate permit is authorized to provide pursuant to the Illinois Dental Practice Act and rules adopted thereunder.*⁵¹
- *For anesthesia services, an anesthesiologist, physician, or operating dentist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions.*⁵²
- *A certified registered nurse anesthetist may select, order, and administer medication, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed with by the operating dentist.*⁵³
- Dentists must maintain current certification in advanced cardiac life support for delivery of conscious sedation, moderate sedation, and general anesthesia.⁵⁴

In addition, the Dental Practice Act rules specific education, facility, and equipment requirements for the delivery of anesthesia in the office.⁵⁵ ■

VI. DELEGATED PRESCRIPTIVE AUTHORITY

- APNs are authorized to prescribe legend medications and devices, including controlled substances, only upon written delegation of authority from a collaborating physician or podiatric physician.⁵⁶ A dentist may not delegate prescriptive authority. The *Nurse Practice Act* specifies that “*this authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of, samples of, and dispensing over the counter medications, legend drugs, medical gases and controlled substances categorized as any Schedule III, through V controlled substances ... and other preparations, including but not limited to, botanical or herbal remedies.*”⁵⁷ In other words, any scheduled controlled substance, both narcotic and non-narcotic, may be delegated from any of these Schedules II, IIN, III, IIIN, IV, IVN, V.

DELEGATED PRESCRIPTIVE AUTHORITY continued

- Further, a physician licensed to practice medicine in all its branches or podiatric physician may delegate limited authority to prescribe Schedule II and II-N controlled substances as follows:⁵⁸

A collaborating physician may, but is not required to, delegate authority to an advanced practice nurse to prescribe any Schedule II controlled substances, if all of the following conditions apply:

- (1) Specific Schedule II controlled substances by oral dosage or topical or transdermal application may be delegated, provided that the delegated Schedule II controlled substances are routinely prescribed by the collaborating physician or podiatrist. This delegation must identify the specific Schedule II controlled substances by either brand name or generic name. Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated. [Nothing in this Section shall be construed to prohibit generic substitutions.]⁵⁹*
- (2) Any delegation must be controlled substances that the collaborating physician or podiatrist prescribes.*
- (3) Any prescription must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the collaborating physician or podiatrist.*
- (4) The advanced practice nurse must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the delegating physician or podiatrist.*
- (5) The advanced practice nurse meets the education requirements of Section 303.05 of the Illinois Controlled Substances Act.*

- Any prescriptive authority delegation must be included in a written collaborative agreement.⁶⁰
- The delegating physician or podiatrist must have a valid Illinois Controlled Substance license and federal DEA number.⁶¹ In addition, the physician or podiatrist is required to notify the Division of Professional Regulation of the specific written delegation and any subsequent termination of any delegation.⁶²
- To prescribe controlled substances, an APN must possess a written delegation of authority, an Illinois mid-level practitioner controlled substance license and a federal DEA mid-level practitioner number.⁶³
- After August 12, 2011 – To obtain mid-level practitioner controlled substances license to prescribe Schedule II controlled substances an advanced practice nurse must meet the following education requirements:

The advanced practice nurse must provide evidence of satisfactory completion of at least 45 graduate contact hours in pharmacology for any new license issued with Schedule II authority after August 12, 2011.⁶⁴

DELEGATED PRESCRIPTIVE AUTHORITY *continued*

- To maintain authority to prescribe Schedule II controlled substances, an *advanced practice nurse must annually complete 5 hours of continuing education in pharmacology.*⁶⁵
- An APN may not prescribe any medication or category of medication not included in the written delegation of authority.⁶⁶
- An APN may receive and dispense samples per the collaborative agreement.⁶⁷
- Prescribing beyond the delegated authority, but within the licensed category, is a violation of Illinois law for which an APN may be sanctioned.⁶⁸ Specifically, the law states:⁶⁹

Any advanced practice nurse who writes a prescription for a controlled substance without having a valid appropriate authority may be fined by the Department not more than \$50 per prescription, and the Department may take any other disciplinary action provided for in this Act.

- The APN's prescription must be signed:
 1. By the APN using the title APN; an APN may also use specialty credentials such as CNM, CNP, CNS or CRNA after their name.⁷⁰
 2. For controlled substances, the APN's DEA number must be included, except for inpatient drug orders.⁷¹
 - 3 The name of the appropriate collaborating physician or podiatric physician must be printed or written on the prescription.
 4. *The collaborating physician's or podiatrist's signature is not required.*⁷²
- The delegating physician or podiatric physician must provide appropriate consultation and collaboration including but not limited to periodically reviewing the APN's orders and services provided to patients.⁷³ Further, controlled substance “[m]edication orders shall be reviewed periodically by the collaborating physician or podiatrist.”⁷⁴ ■

VII. PHYSICIANS' AND PODIATRIC PHYSICIANS' RESPONSIBILITIES

A. OVERVIEW – PHYSICIANS AND PODIATRIC PHYSICIANS

- The physician, or podiatric physician and APN arrangement is a team relationship.⁷⁵ Both parties are actively involved in providing patient care and treatment services.
- Physicians and podiatric physicians are responsible for providing collaboration and consultation to practicing APNs, except in a licensed hospital, hospital affiliate, or ambulatory surgical treatment center or dentist office.⁷⁶

(continued)

PHYSICIANS' AND PODIATRIC PHYSICIANS' RESPONSIBILITIES *continued*

- For physicians and podiatric physicians, adequate collaboration and consultation consist of:⁷⁷ (1) jointly developing the collaborative agreement and all orders and guidelines with the collaborating APN; (2) providing collaboration and consultation at least once a month; (3) actively participating by being available for consultation and referral; (4) maintaining methods of communication in person or by telecommunications. Collaboration and consultation are defined as follows:⁷⁸

“Collaboration” means a process involving 2 or more health care professionals working together, each contributing one’s respective area of expertise to provide more comprehensive patient care.

“Consultation” means the process whereby an advanced practice nurse seeks the advice or opinion of another health care professional.

- A collaborating anesthesiologist, physician, or podiatric physician under a collaborative agreement with a CRNA in the hospital, ASTC and office practice settings must also provide adequate collaboration for anesthesia services to the CRNA.⁷⁹
- Adequate collaboration for anesthesia services is defined as follows:⁸⁰
 - (1) *An anesthesiologist or a physician participates in the joint formulation and joint approval of orders or guidelines and periodically reviews such orders and the services provided patients under such orders; and*
 - (2) *For anesthesia services, the anesthesiologist or physician participates through discussion of and agreement with the anesthesia plan and is physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. Anesthesia services in a hospital shall be conducted in accordance with Section 10.7 of the Hospital Licensing Act and in an ambulatory surgical treatment center in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.*
- The anesthesiologist or operating physician, podiatric physician or dentist must agree with the anesthesia plan prior to the delivery of services.⁸¹

B. PHYSICIAN OFFICE ANESTHESIA REQUIREMENTS

- **IN AN OFFICE SETTING** – A physician entering a collaborative agreement with a CRNA must also meet specific criteria. The physician must either possess clinical privileges to administer anesthesia in a hospital or an ASTC, or complete minimum continuing medical education hours for the following designated forms of anesthesia:⁸²
 - (i) *For conscious sedation only, the physician shall complete a minimum of 8 hours of continuing medical education (CME) within each three year license renewal period in delivery of anesthesia including the administration of conscious sedation.*

(continued)

PHYSICIANS' AND PODIATRIC PHYSICIANS' RESPONSIBILITIES *continued*

(ii) For deep sedation, regional anesthesia and/or general anesthesia, a physician shall complete a minimum of 34 hours of continuing medical education in the delivery of anesthesia services within each three year license renewal period. Fulfillment of this requirement shall satisfy the requirement of subsection (i) above.

- In addition, the physician in an office practice must maintain current certification in Advanced Cardiac Life Support sponsored by the American Heart Association.⁸³
- Physicians must actively provide collaboration and consultation to all APNs, including CRNAs.⁸⁴ A failure to adequately provide either collaboration or consultation could result in the suspension, revocation or other discipline of the physician's license.⁸⁵
- *The collaborating physician shall have access to the medical records of all patients attended to by an advanced practice nurse.*⁸⁶ ■

VIII. ADVANCED PRACTICE NURSING IN A LICENSED HOSPITAL, HOSPITAL AFFILIATE OR AMBULATORY SURGICAL TREATMENT CENTER

- Advanced practice nurses may provide services in a licensed hospital, hospital affiliate, or ambulatory surgical treatment center without prescriptive authority or a written collaborative agreement.⁸⁷
- To practice in a licensed hospital or hospital affiliate, an APN must have –
“clinical privileges recommended by the hospital” or hospital affiliate medical staff and granted by the hospital.⁸⁸ (This is at the discretion of the medical staff and hospital.)
- To practice in an ambulatory surgical treatment center (ASTC), an APN must have –
*clinical privileges recommended by ... the consulting medical staff committee and ambulatory surgical treatment center.*⁸⁹ (This is at the discretion of the consulting committee and ambulatory surgical treatment center.)
- The hospital medical staff, hospital affiliate medical staff, and ASTC consulting medical staff committee must *“periodically review the services of advanced practice nurses granted clinical privileges.”*⁹⁰

*“This review shall be conducted in accordance with item (2) of the subsection (a) of Section 10.8 of this Act for advanced practice nurses employed by the hospital.”*⁹¹ The Hospital Licensing Act provision specifies:⁹² *Independent physicians, who are not employed by an employing entity, periodically review the quality of the medical services provided by the employed physician to continuously improve patient care.*

- The hospital or ASTC may also grant authority *“to individual advanced practice nurses to select, order, and administer medications, including controlled substances, to provide delineated care”* under the clinical privileges.⁹³

**ADVANCED PRACTICE NURSING IN A LICENSED HOSPITAL, HOSPITAL AFFILIATE
OR AMBULATORY SURGICAL TREATMENT CENTER continued**

- *For anesthesia services provided by a certified registered nurse anesthetist, an anesthesiologist, physician, dentist, or podiatrist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions, unless hospital policy adopted pursuant to clause (B) of subdivision (3) of Section 10.7 of the Hospital Licensing Act or ambulatory surgical treatment center policy adopted pursuant to clause (B) of subdivision (3) of Section 6.5 of the Ambulatory Surgical Treatment Center Act provides otherwise. A certified registered nurse anesthetist may select, order, and administer medication for anesthesia services under the anesthesia plan agreed to by the anesthesiologist or the physician, in accordance with hospital alternative policy or the medical staff consulting committee policies of a licensed ambulatory surgical treatment center.⁹⁴*
- *With respect to services for individual patients, “[t]he attending physician shall determine an advanced practice nurse’s role in providing care for his or her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.”⁹⁵*
- In a hospital, hospital affiliate or ambulatory surgical treatment center –

An advanced practice nurse granted authority to order medications including controlled substances may complete discharge prescriptions provided the prescription is in the name of the advanced practice nurse and the attending or discharging physician.⁹⁶
- *Advanced practice nurses practicing in a hospital or an ambulatory surgical treatment center are not required to obtain a mid-level controlled substance license to order controlled substances under Section 303.05 of the Illinois Controlled Substances Act.⁹⁷ ■*

IX. SAMPLE WRITTEN COLLABORATIVE AGREEMENT

SAMPLE WRITTEN COLLABORATIVE AGREEMENT
(68 Ill. Adm. Code § 1300. EXHIBIT A MODIFIED)

ADVANCED PRACTICE NURSING
WRITTEN COLLABORATIVE AGREEMENT

A. ADVANCED PRACTICE NURSE INFORMATION

1. NAME: _____
2. ILLINOIS RN LICENSE NUMBER: _____
ILLINOIS APN LICENSE NUMBER: _____
ILLINOIS MID-LEVEL PRACTITIONER CONTROLLED
SUBSTANCE LICENSE NUMBER: _____
FEDERAL MID-LEVEL PRACTITIONER DEA NUMBER: _____
3. AREAS OF CERTIFICATION: _____
4. CERTIFYING ORGANIZATION: _____
5. CERTIFICATION EXPIRATION DATE: _____
6. CERTIFICATION NUMBER: _____
7. PRACTICE SITES: (Attach List of Sites). See Attachment A.
8. CONTACT NUMBER: _____
FACSIMILE NUMBER: _____
EMERGENCY CONTACT NUMBERS: _____
(e.g., pager, answering service)
9. ATTACHMENTS:
Copy of Certification/Recertification
Copies of RN & APN License
Copy of Certificate of Insurance
Copy of Mid-Level Practitioner License

B. COLLABORATING (PHYSICIAN/PODIATRIST/DENTIST) INFORMATION

1. NAME: _____
2. ILLINOIS LICENSE NUMBER: _____
3. PRACTICE AREA OR CONCENTRATION: _____
4. BOARD CERTIFICATION (if any): _____

5. CERTIFYING ORGANIZATION: _____
6. PRACTICE SITES: (Attach List of Sites). See Attachment A.
7. CONTACT NUMBER: _____
 FACSIMILE NUMBER: _____
 EMERGENCY CONTACT NUMBERS: _____
 (e.g., pager, answering service)

C. ADVANCED PRACTICE NURSE COLLABORATING (PHYSICIAN/PODIATRIST/DENTIST)
 WORKING RELATIONSHIP

1. WRITTEN COLLABORATIVE AGREEMENT REQUIREMENT

A written collaborative agreement is required for all Advanced Practice Nurses (APNs) engaged in clinical practice outside of a hospital or ambulatory surgical treatment center (ASTC). An APN may provide services in a licensed hospital, or hospital affiliate clinic, or ASTC without a written collaborative agreement or delegated prescriptive authority.

2. SCOPE OF PRACTICE

Under this agreement, the advanced practice nurse will work with the collaborating physician or podiatrist in an active practice to deliver health care services to _____. This includes, but is not limited to, advanced nursing patient assessment and diagnosis, ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the APN or another health care professional, ordering treatments, ordering or applying appropriate medical devices, using nursing, medical, therapeutic and corrective measures to treat illness and improve health status, providing palliative and end-of-life care, providing advanced counseling, patient education, health education and patient advocacy, prescriptive authority, and delegating nursing activities or tasks to a LPN, RN or other personnel.

If applicable, the advanced practice nurse shall maintain allied health personnel privileges at the following hospitals for the designated services:

Hospitals: _____

This written collaborative agreement shall be reviewed and updated annually. A copy of this written collaborative agreement shall remain on file at all sites where the advanced practice nurse renders service and shall be provided to the Illinois Department of Financial and Professional Regulation upon request. Any joint orders or guidelines are set forth or referenced in Attachment B.

3. COLLABORATION AND CONSULTATION

- I. Collaboration and consultation shall be adequate, if a collaborating physician/podiatrist:
 - (A) Participates in the joint formulation and joint approval of orders or guidelines with the advanced practice nurse as needed, based on the practice of the practitioners, and periodically reviews those orders and the services provided patients under those orders in accordance with accepted standards of medical practice and advanced practice nursing practice;
 - (B) Provides collaboration and consultation with the advanced practice nurse at least once a month; and
 - (C) Is available in person, or through telecommunications, for consultation and collaboration on medical problems, complications, or emergencies or patient referral. (See 225 ILCS 60/54.5(b)(5).)

The written collaborative agreement shall be for services the collaborating physician/podiatrist generally provided to his or her patients in the normal course of clinical practice.

- II. Information specific to collaboration and consultation with a CRNA is as follows:
 - (A) A licensed CRNA may provide anesthesia services pursuant to the order of a licensed physician, podiatrist or dentist.
 - (B) For anesthesia services, an anesthesiologist, physician, podiatrist or dentist participates through discussion of and agreement with the anesthesia plan and is physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions.
 - (C) A CRNA may select, order and administer medications, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed to by an anesthesiologist, or the operating physician, operating podiatrist or operating dentist. (See 225 ILCS 65/65-35(c-5) and (c-10).)
 - (D) In a physician's office, the CRNA may only provide anesthesia services if the physician has training and experience in the delivery of anesthesia services to patients.
 - (E) In a podiatrist's office, the CRNA may only provide those services the podiatrist is authorized to provide pursuant to the Podiatric Medical Practice Act.
 - (F) A collaborative agreement between a CRNA and a dentist must be in accordance with 225 ILCS 65/65-35(c-10). In a dentist's office, the CRNA may only provide those services the dentist is authorized to provide pursuant to the Illinois Dental Practice Act.

4. COMMUNICATION, CONSULTATION AND REFERRAL

The advance practice nurse shall consult with the collaborating physician/podiatrist by telecommunication or in person as needed. In the absence of the designated collaborating physician/podiatrist, another physician/podiatrist shall be available for consultation.

The advanced practice nurse shall inform each collaborating physician/podiatrist of all written collaborative agreements he or she has signed with other physicians/podiatrists and provide a copy of these to any collaborating physician/podiatrist upon request.

5. DELEGATION OF PRESCRIPTIVE AUTHORITY

As the collaborating physician/podiatrist, any prescriptive authority delegated to the advanced practice nurse is set forth in Attachment C.

NOTE: ADVANCED PRACTICE NURSES MAY ONLY PRESCRIBE CONTROLLED SUBSTANCES UPON RECEIPT OF AN ILLINOIS MID-LEVEL PRACTITIONER CONTROLLED SUBSTANCE LICENSE.

6. TERMINATION

This agreement may be terminated by either the collaborating physician or advanced practice nurse with [#]__ days written notice or for just cause.

WE THE UNDERSIGNED AGREE TO THE TERMS AND CONDITIONS OF THIS WRITTEN COLLABORATIVE AGREEMENT.

Collaborating Physician/Podiatrist/
Dentist (Signature)

Advanced Practice Nurse (Signature)

Date: _____

Date: _____

(Physician's/Podiatrist's/Dentist's Typed Name)

(Advanced Practice Nurse's Typed Name)

ENDNOTES

1. 68 Ill. Adm. Code §1300.10.
2. 225 ILCS 25/4(d).
3. 225 ILCS 65/50-10; See generally 225 ILCS 60/2.
4. 225 ILCS 100/5(F).
5. 225 ILCS 65/Article 55; 68 Ill. Adm. Code Part 1300.
6. 225 ILCS 65/Article 60; 68 Ill. Adm. Code Part 1300.
7. 225 ILCS 65/Article 65; 68 Ill. Adm. Code Part 1300.
8. 225 ILCS 65/50-10 definition "Advanced practice nurse;" 68 Ill. Adm. Code §1300.10 "Advanced Practice Nurse."
9. 225 ILCS 65/65-35(a), (a-5) and (b); 68 Ill. Adm. Code §1300.10 "Advanced Practice Nurse."
10. 225 ILCS 65/35(b); 68 Ill. Adm. Code §1300.10 "Advanced Practice Nurse."
11. 225 ILCS 65/50-10 definitions of "collaboration" and "consultation." See also 68 Ill. Adm. Code §1300.420.
12. 225 ILCS 65/65-35(b); 68 Ill. Adm. Code §1300.410(a).
13. 225 ILCS 65/65-35(b); 68 Ill. Adm. Code §1300.410(a).
14. 225 ILCS 65/65-35(b); 68 Ill. Adm. Code §1300.410(b).
15. 225 ILCS 65/65-35(b); 68 Ill. Adm. Code §1300.410(b).
16. 225 ILCS 65/65-40(a); 68 Ill. Adm. Code §1300.430(a).
17. 225 ILCS 65/65-35(b); 68 Ill. Adm. Code §§1300.410(b), 1300.420 (a)(1), and 1300.Exhibit A.
18. 225 ILCS 65/65-35(b).
19. Previous version of the law required annual review. Annual review is recommended but not required by law. 68 Ill. Adm. Code §1300.Exhibit A.
20. See 225 ILCS 60/22(A)(42 and 43.)
21. 225 ILCS 65/65-35(f); 68 Ill. Adm. Code §1300.410(c).
22. 225 ILCS 60/22(A) (42 and 43.)
See also 225 ILCS 60/54.5.
23. 225 ILCS 65/65-35(c); 68 Ill. Adm. Code §1300.420(a)(6).
24. 225 ILCS 65/65-35(b); 225 ILCS 60/54.5(b)(3); 68 Ill. Adm. Code §§1300.410(b), and 1300.Exhibit A.
25. 225 ILCS 65/65-35(c-10); 225 ILCS 25/8.1.
26. 225 ILCS 60/65/35(b), (c-10), (g).
27. 225 ILCS 60/54.5(b)(3); 68 Ill. Adm. Code §1300.420(a)(3).
28. 225 ILCS 60/54.2(a).
29. 105 ILCS 5/27-8.1.
30. 225 ILCS 65/65-35(c)(2).
31. 225 ILCS 65/50-10 definitions of "collaboration" and "consultation."
32. 225 ILCS 65/65-35(c)(1); 225 ILCS 60/54.5(b)(2); 68 Ill. Adm. Code §1300.420(a)(2).
33. 225 ILCS 65/65-35(c)(1); 225 ILCS 60/54.5(b)(2); 68 Ill. Adm. Code §1300.420(a)(2).
34. 225 ILCS 65/65-35(c-5) and (c-10), 65-45(a-5); 210 ILCS 85/10.7; 210 ILCS 5/6.5(3); 225 ILCS 60/54.5(b-5); 68 Ill. Adm. Code §1300.450.
35. 225 ILCS 65/65-35(c-5) and (c-10), 65-45(a-5); 210 ILCS 85/10.7; 210 ILCS 5/6.5; 225 ILCS 60/54.5; 68 Ill. Adm. Code §1300.450.
36. 225 ILCS 65/65-35(c-5) and (c-10) and 65-45(a-5); 210 ILCS 85/10.7, 210 ILCS 5/6.5; 225 ILCS 60/54.5(b); 68 Ill. Adm. Code §1300.450.
37. 225 ILCS 60/54.5(b-5); 225 ILCS 65/65-35(c-5) and (c-10). See also 68 Ill. Adm. Code §1300.450.
38. 210 ILCS 85/10.7(4)(B); 210 ILCS 5/6.5(4)(B).
39. 225 ILCS 65/65-35(c), (c-5) and (c-10); 225 ILCS 25/8.1; 68 Ill. Adm. Code §1300.450(a).
40. 225 ILCS 65/65-35; 225 ILCS 25/8.1; 68 Ill. Adm. Code §1300.450(a).
41. 225 ILCS 65/65-35(c-5), (c-10); 225 ILCS 60/54.5(b-5); 225 ILCS 100/20.5(a)(3). 68 Ill. Adm. Code §1285.340; See also 68 Ill. Adm. Code §1300.450(c) and (f).
42. 68 Ill. Adm. Code §1300.450(d); 68 Ill. Adm. Code §1285.340, 68 Ill. Adm. Code §§ 1220.510, 1220.520.
43. 68 Ill. Adm. Code §1300.450(g).
44. 225 ILCS 65/65-35(c-5), (c-10), 65-45(a-5); 210 ILCS 5/6.5(4)(c); 210 ILCS 85/10.7(4)(c); 68 Ill. Adm. Code §1300.450.
45. 225 ILCS 65/65-35(b), (c-10); 225 ILCS 65/65-40. See also 225 ILCS 25/8.1(c).
46. 225 ILCS 25/8.1(c); 68 Ill. Adm. Code §§ 1220.505, 1220.510 and 1220.520.
47. 68 Ill. Adm. Code §1220.505; 68 Ill. Adm. Code § 1220. Appendix D Characteristics of Levels of Anesthesia.
48. 68 Ill. Adm. Code §1220.510; 68 Ill. Adm. Code § 1220. Appendix D Characteristics of Levels of Anesthesia.
49. 68 Ill. Adm. Code §1220.520; 68 Ill. Adm. Code § 1220. Appendix D Characteristics of Levels of Anesthesia.
50. 225 ILCS 65/65-35(b), (c-10). See also 225 ILCS 25/8.1.
51. 225 ILCS 65/65-35(b), (c-10). See also 225 ILCS 25/8.1.
52. 225 ILCS 65/65-35(b), (c-10). See also 225 ILCS 25/8.1.
53. 225 ILCS 65/65-35(b), (c-10). See also 225 ILCS 25/8.1.
54. 68 Ill. Adm. Code §§1220.510 and 1220.520. See also 225 ILCS 25/8.1.

55. 68 Ill. Adm. Code Part 1220.
56. 225 ILCS 65/65-40; 68 Ill. Adm. Code §1300.430.
57. 225 ILCS 65/65-40(a).
58. 225 ILCS 65/65-40(d); 68 Ill. Adm. Code §1300.430(b).
59. 225 ILCS 65/65.40(h).
60. 225 ILCS 65/65-40(a); 68 Ill. Adm. Code §1300.430(a).
61. 225 ILCS 65/65-40(a); 68 Ill. Adm. Code §1300.430(a).
62. 225 ILCS 65/65-40(c); 68 Ill. Adm. Code §1300.430(c).
63. 225 ILCS 65/65-40(b); See also 68 Ill. Adm. Code §1300.430 and 720 ILCS 570/303.05.
64. 720 ILCS 570/303.05(a)(2)(B)(vi).
65. 720 ILCS 570/303.05(a)(2)(B)(vii).
66. 225 ILCS 65/65-40; See also 68 Ill. Adm. Code §1300.430.
67. 225 ILCS 65/65-40(a); 68 Ill. Adm. Code §1300.430(f).
68. 225 ILCS 65/70-5(b)(31) and (33). See also 68 Ill. Adm. Code §1300.430.
69. 225 ILCS 65/65-40(g).
70. 68 Ill. Adm. Code §1300.10.
71. 225 ILCS 85/3(e); 21 C.F.R. §1306.05(a).
72. 68 Ill. Adm. Code §1300.430(e).
73. 225 ILCS 65/65-40(b); 68 Ill. Adm. Code §§1300.420 and 1300.430.
74. 225 ILCS 65/65-40(b); 68 Ill. Adm. Code §1300.430(g).
75. 225 ILCS 65/65-40(b); See also 68 Ill. Adm. Code §1300.410.
76. 225 ILCS 65/65-35 and 65-45; 225 ILCS 60/54.5; 210 ILCS 5/6.5; 210 ILCS 85/10.7. See also 68 Ill. Adm. Code §1300.420; 68 Ill. Adm. Code §1285.340.
77. 225 ILCS 65/65-35; 225 ILCS 60/54.5; 210 ILCS 5/6.5; 210 ILCS 85/10.7. See also 68 Ill. Adm. Code §1300.420.
78. 225 ILCS 65/50-10 definitions of “collaboration” and “consultation.”
79. 225 ILCS 65/65-35(b), (c-5), (c-10), 65-45; 225 ILCS 60/54.5(b-5); 210 ILCS 5/6.5; 210 ILCS 85/10.7. See also 68 Ill. Adm. Code §§1300.410, 1300.420, 1300.450, 1300.460; 68 Ill. Adm. Code §1285.340.
80. 225 ILCS 60/54.5(b-5); 68 Ill. Adm. Code §§1300.450 and 1300.460.
81. 225 ILCS 60/54.5(b-10), 225 ILCS 65/65-35. See also 225 ILCS 100/20.5(a)(3) for podiatrists’ requirements. See also, 68 Ill. Adm. Code §§1300.450, 1300.460.
82. 68 Ill. Adm. Code §1285.340(b). See also 68 Ill. Adm. Code §1300.450(c).
83. 68 Ill. Adm. Code §1285.340(c) and (d). See also 68 Ill. Adm. Code §1300.450(d).
84. 68 Ill. Adm. Code §1300.420.
85. 225 ILCS 60/22(a)(42) and (43).
86. 225 ILCS 60/54.5(c).
87. 225 ILCS 65/65-45(a); 210 ILCS 5/6.5(3); 210 ILCS 85/10.7(3). See also 68 Ill. Adm. Code §1300.460(a).
88. 225 ILCS 65/65-45(a); 210 ILCS 85/10.7(3). See also 68 Ill. Adm. Code §1300.460(a).
89. 225 ILCS 65/65-45(a); 210 ILCS 5/6.5(3). See also 68 Ill. Adm. Code §1300.460(a).
90. 225 ILCS 65/65-45(a). See also 68 Ill. Adm. Code §1300.460(a).
91. 210 ILCS 85/10.7(3).
92. 210 ILCS 85/10.8(a)(2).
93. 225 ILCS 65/65-45(a). See also, 210 ILCS 5/6.5(3); 210 ILCS 85/10.7(3); 68 Ill. Adm. Code §1300.460(a).
94. 210 ILCS 5/6.5(4); 210 ILCS 85/10.7(4)(C); 225 ILCS 65/65-45(a-5).
95. 225 ILCS 65/65-45(a); 210 ILCS 5/6.5(3); 210 ILCS 85/10.7(3); 225 ILCS 65/65-45(a); 68 Ill. Adm. Code §1300.460(a).
96. 225 ILCS 65/65-45(a-2).
97. 225 ILCS 65/65-45(a-3).

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