**Section 1300.460 Advanced Practice Registered Nursing in Hospitals or Ambulatory Surgical Treatment Centers**

a) An advanced practice registered nurse may provide services in a licensed hospital or hospital affiliate as defined in the Hospital Licensing Act or the University of Illinois Hospital Act [110 ILCS 330], or a licensed ambulatory surgical treatment center without prescriptive authority or a written collaborative agreement pursuant to Section 65-35 of the Act. An APRN must possess clinical privileges recommended by the hospital medical staff and granted by the hospital or the consulting medical staff committee and ambulatory surgical treatment center in order to provide services. The medical staff or consulting medical staff committee shall periodically review the services of all APRNs granted clinical privileges. Authority may also be granted to individual APRNs to select, order and administer medications, including controlled substances as permitted under the Act and this Part, to provide delineated care. The attending physician shall determine an APRN's role in providing care for his or her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.

b) An APRN who does not meet the requirements of Section 65-43 of the Act and who is privileged to order medications, including controlled substances, may complete discharge prescriptions provided the prescription is in the name of the APRN and the attending or discharging physician.

c) An APRN granted full practice authority by Section 65-43 of the Act may be privileged to complete discharge orders and prescriptions under the APRN's name.

d) An APRN granted full practice authority by Section 65-43 of the Act practicing in a hospital affiliate may be, but is not required to be, privileged to prescribe Schedule II through V controlled substances when that authority is recommended by the appropriate physician committee of the hospital affiliate and granted by the hospital affiliate. To prescribe controlled substances in a hospital affiliate, the APRN must obtain a controlled substances license. Medication orders for controlled substances shall be reviewed periodically by the appropriate hospital affiliate physicians committee or its physician designee.

e) The hospital affiliate shall file with the Department notice of a grant of prescriptive authority and termination of the grant of authority for all APRNs who do not meet the requirements of Section 65-43 of the Act.

f) For anesthesia services provided by a certified registered nurse anesthetist, an anesthesiologist, physician, dentist, or podiatric physician 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 Section 10.7(4)(B) of the Hospital Licensing Act or ambulatory surgical treatment center policy adopted pursuant to Section 6.5(4)(B) of the Ambulatory Surgical Treatment Center Act provides otherwise. A CRNA may select, order and administer medication for anesthesia services under the anesthesia plan agreed to by the anesthesiologist, physician, podiatric physician or dentist, in accordance with hospital alternative policy or the medical staff consulting committee policies of a licensed ambulatory surgical treatment center.

g) An advanced practice registered nurse who provides services in a hospital shall do so in accordance with Section 10.7 of the Hospital Licensing Act and the University of Illinois Hospital Act, and in an ambulatory surgical treatment center, in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.

h) Nothing in this Section shall be construed to require an APRN to have a collaborative agreement to practice in a hospital, hospital affiliate or ambulatory surgical treatment center.

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)