

**YALE-NEW HAVEN HOSPITAL**  
**CORE PRIVILEGES**  
**ADVANCE PRACTICE REGISTERED NURSES**

Advance Practice Registered Nurses (APRNs) are licensed in Connecticut pursuant to Connecticut General Statute Section 20-94a. The Hospital recognizes that actual APRN function will vary with training and experience. In addition, it is expected that the scope of the APRN's practice will correspond to the professional certification identified to the State of Connecticut as a condition of licensure.

The Hospital recognizes a set of core privileges and procedures that an APRN may perform that is not individualized by specialty. The Hospital expects, and the APRN is required, to exercise only those core privileges and procedures that are explicitly approved by the collaborating physician in the oral or written\* collaboration agreement (required by Connecticut General Statute 20-87a(b)).

In addition to the core privileges and procedures, specialty privileges and procedures may be requested. The Hospital expects that the APRN will request, and the respective Department will approve, only those privileges needed by the APRN to carry out his/her function. The Hospital will not approve privileges for which the APRN has had training but which are not expected to be part of his/her scope of practice at the Hospital.

\*required if the APRN intends to exercise prescriptive authority

**Qualifications**

- Valid RN and APRN licenses in Connecticut
- Certification from one of the following bodies approved by the Board of Nursing Examiners: *The American Nurses Association, the Nurses' Association of the American College of Obstetricians and Gynecologists Certification Corporation, the National Board of Pediatric Nurse Practitioners and Associates* or the *American Association of Nurse Anesthetists*, or the successors of these organizations.
- If certified after December 31, 1994, a Master's degree in nursing or a related field recognized for certification
- Recertification prior to the expiration of any current certification
- Completion of no fewer than thirty (30) hours of didactic pharmacology instruction for initial certification and eight (8) hours annually thereafter.
- Satisfaction of other relevant State licensure requirements

**Supervision**

Please indicate your Collaborating Physician and his/her Department and Section.. Any change in your Collaborating Physician must be reported to the Y-NHH Department of Physician Services. Collaborating physicians must be members in good standing of the Yale-New Haven Hospital Medical Staff.

Name of Collaborating Physician:
Department:
Section:

**Privileges**

Core Privileges for Advance Practice Registered Nurses may include but are not limited to the following: perform and document history and physical examination; write progress notes, produce discharge paperwork, dictate operative and procedure notes and discharge summaries (Attending physician to sign); write orders for lab work, EKG's, Diagnostic Imaging studies including nuclear medicine studies, respiratory, nutritional (including dietary) and rehabilitation and occupational therapy, including physical therapy; write orders for routine care including IV therapy and inpatient medications (except for chemotherapy and Schedule 1 controlled substances); write orders for restraints; write discharge orders (with prior attending approval); write discharge and outpatient prescriptions.

**Procedures**

The following procedures are included in the core for Advance Practice Registered Nurses: includes but is not limited to the following: wound debridement and dressings, suturing and suture removal, minor burn care, arterial punctures, gastric lavage, I & D superficial abscess, hearing and visual exams, removal of foreign body from cornea, splint extremities, nasogastric tube placement and G-tube replacement; administer local anesthesia (not regional blocks).

**Special (Supplemental) Privileges** (not included in the APRN Core)

*Note: To be eligible to apply for the special privileges/procedures listed below upon initial appointment or re-appointment, the APRN must supply a letter of reference from their Program Director (new graduates) and current or former collaborating physician documenting that he/she has been trained in the privilege/procedure and attested to by the collaborating physician as being able to perform it with reasonable skill and safety.*

Privilege	Requested	To be completed by Department	
		Approved	Not Approved
Perform an appropriate medical screening exam for an emergency medical condition (per EMTALA)			
Care for ICU or high risk Emergency Department patients			
Provide obstetrical care			
Provide gynecological care			

**Special (Supplemental) Procedures** (not included in the APRN Core)

*Note: To be eligible to apply for the special privileges/procedures listed in Categories A – C below upon initial appointment or re-appointment, the APRN must supply a letter of reference from his/her Program Director (new graduates), current or former collaborating physician documenting that he/she has been trained in the privilege/procedure and attested to by the collaborating physician as being able to perform it with reasonable skill and safety*

**APRN Category A:** Assistant Procedures

Note: An APRN may assist a physician who currently holds unrestricted privileges in the areas listed below. All of the assistant procedures below require the physical presence of the Attending physician for the critical portion of the procedure.

Procedure	Requested	To be completed by Department	
		Approved	Not Approved
Assist in: Operating Rooms			
Assist in: Invasive Cardiology (pacemaker insertions, cardiac catheterization, PTCA)			
Assist in: Bronchoscopy and pleural biopsy			
Assist in: Interventional Radiology			

**APRN Category B:** Hemodialysis-Related Procedures

Procedure	Requested	To be completed by Department	
		Approved	Not Approved
Write orders for hemodialysis, hemofiltration, peritoneal dialysis			
Femoral, subclavian or internal jugular vein catheterization for hemodialysis or hemofiltration			

**APRN Category C:** Other Procedures

Procedure	Requested	To be completed by Department	
		Approved	Not Approved
Administer Conscious Sedation*			
Insert small bore central venous catheters			
Remove small bore central venous catheters			
Insert pulmonary artery catheters			
Remove pulmonary artery catheters			
Insert arterial catheters, including femoral sheaths			
Remove arterial catheters, including femoral sheaths			
Remove Quinton catheters**			
Place PICC lines			
Place and remove invasive hemodynamic monitoring devices			
Perform thoracentesis, paracentesis, peritoneal lavage (diagnostic ONLY)			
Perform thoracentesis, paracentesis, peritoneal lavage (therapeutic)			
Perform cardioversion			
Insert/remove umbilical artery/vein catheters in infants			
Perform suprapubic bladder aspiration			
Perform operative endoscopic vein harvesting			
Perform elective endotracheal intubation			
Perform lumbar puncture			
Perform arthrocentesis			
Tap VP and other shunts			
Bedside placement of ventricular catheters, ICP monitors, subdural drains			
Cast extremities			

Procedure	Requested	To be completed by Department	
		Approved	Not Approved
Administer peripheral regional blocks (paracervical, blocks at or below wrist)			
Aspirate tension pneumothorax, insert chest tube			
Perform bone marrow aspiration and biopsy			
Order and administer oncology chemotherapy (requires approval from the Cancer Committee)			
Perform limited ultrasound examinations for guidance			
Perform endometrial biopsy			

\* In accordance with the standards of the Y-NHH Sedation/Analgesia Protocol. Contact Department of Physician Services (688-2615) for application materials.

\*\*Initial Credentialing Requirements: letter from a Medical Staff member credentialed in this procedure documenting in person proctoring of a minimum of 3 procedures with acceptable performance.

Re-Credentialing Requirements: documentation of a minimum combined procedures (central venous and/or Quinton) of five within the past two years with acceptable outcomes.

**ADVANCED PRACTICE REGISTERED NURSE ACKNOWLEDGEMENT**

I certify and can document that I have a collaborating physician who is a member of the Yale-New Haven Hospital Medical Staff.

I acknowledge that I have received and am oriented to the Bylaws and Rules & Regulations of the Medical Staff as well as Yale-New Haven Hospital’s policy regarding Standard Precautions and agree to be bound by the terms thereof. I agree to practice in accordance with the practice as agreed to by my Collaborating Physician and my privileges as delineated.

In addition to the above, I understand that in an emergency, I am authorized to treat medical diseases, and to perform medical or surgical procedures and as permitted by my license.

I understand that this statement of conditions of clinical privileges will remain in effect for the duration of my service as a member of the Yale-New Haven Hospital Medical Staff unless amended.

\_\_\_\_\_  
APRN’s Signature

\_\_\_\_\_  
Date

**COLLABORATING PHYSICIAN ATTESTATION**

I hereby verify that I am the Collaborating physician for the above-named APRN. As required by Connecticut Statute, I have satisfied myself as to the ability and competency of this APRN. The functions that the APRN will carry out are performed under my collaboration and oversight.

I agree to notify the Yale-New Haven Hospital Department of Physician Services immediately if I cease to be the collaborating physician for this individual.

\_\_\_\_\_  
Signature of Responsible Physician

\_\_\_\_\_  
Date

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**DEPARTMENTAL REVIEW**

Except as indicated below, APRN Core Privileges and Procedures are approved by the undersigned:

**APRN Core Privileges**

Approved as indicated on previous pages

Although I have not personally examined the applicant/reappointee or his/her medical records, I

Do not Have

Have (please provide details)

reason to believe that he/she suffers from a physical, emotional, or other health problem which impairs his/her ability to practice. Should I acquire information which changes this opinion, I will promptly notify the Chief of Staff.

**For Re-Appointments Only**

Additionally in consideration of this request for privileges, I have reviewed the reappointee's performance with respect to the ACGME six general competencies indicated below based upon direct knowledge or information available via peer reference. Areas of concern which I have addressed with the reappointee, if applicable, are noted below: *(Please initial/ explain as applicable)*

Patient Care \_\_\_\_\_

Medical / Clinical Knowledge \_\_\_\_\_

Practice Based Learning and Improvement \_\_\_\_\_

Interpersonal & Communication Skills \_\_\_\_\_

Professionalism \_\_\_\_\_

Systems Based Practice \_\_\_\_\_

**No issues with any of the above. (Please check as applicable)**

**DEPARTMENTAL OR SUBSPECIALTY COMMENTS**

Approved privileges are commensurate with this applicant's current skill and competence.  
(Please initial if applicable)

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**Approved:**

\_\_\_\_\_  
Signature/Printed Name

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**Department Chief**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Associate Chief**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Section Chief (if applicable)**

\_\_\_\_\_  
**Date**