

# AORN Position Statement on Advanced Practice Registered Nurses in the Perioperative Environment

## POSITION STATEMENT

AORN believes:

- the contributions of advanced practice registered nurses (APRNs) practicing in the perioperative setting can support optimal patient outcomes.
- a perioperative APRN, with the indicated training and competencies, may function in many roles in the perioperative environment. Some of the roles described in the literature include<sup>1,2</sup>:
  - First assistant
  - APRN circulator
  - Surgical scrub person
  - Educator
  - Informatics nurse specialist
  - Leader (eg, nurse executive, administrator, manager, director)
  - Nurse scientist
  - Nurse consultant
- an APRN who practices in the perioperative environment must complete the applicable education requirements as defined in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education*<sup>3</sup> and be licensed or recognized as an APRN by the state in which they practice for the role they fulfill in the perioperative setting.
- APRNs in the perioperative setting should have full practice authority as described in the American Nurses Association *Principles for Advanced Practice Registered Nurse (APRN) Full Practice Authority*.<sup>4</sup>
- the American Association of Nurse Practitioners provides the guidance for appropriate regulation, education, training, and credentialing for nurse practitioners practicing in the perioperative and other procedural settings.<sup>5</sup>
- the American College of Nurse-Midwives position statement *The Certified Nurse-Midwife/Certified Midwife as First Assist During Surgery*<sup>6</sup> is the guidance for appropriate regulation, education, training, and credentialing for all midwives certified by the American Midwifery Certification Board, including those who are licensed in their states as APRNs and practicing in the perioperative setting.
- the American Association of Nurse Anesthesiology *Professional Practice Manual*<sup>7</sup> is the guidance for appropriate regulation, education, training, and credentialing for nurse anesthetists practicing in the perioperative and other procedural settings.
- the National Association of Clinical Nurse Specialists provides the guidance for appropriate regulation, education, training, and credentialing for clinical nurse specialists in the perioperative and procedural settings.<sup>8</sup>

- state regulatory agencies should adopt this position statement as a requirement for eligibility for APRNs to practice in the perioperative setting, and the agency should develop a grandfather clause that allows the perioperative APRN and the APRN who is practicing as a first assistant at surgery at the time of adoption to continue to practice in that role within the state(s) of current licensure.
- restrictions on APRN scope of practice limit access to the high-quality of care offered by APRNs and removing those restrictions can have significant implications for addressing inequities in access to health care, as described in *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*.<sup>9</sup>

## **RATIONALE**

This position statement delineates the definition and educational requirements for the APRN who practices in the perioperative environment, including the preoperative, intraoperative, and postoperative patient care settings. Requirements for the APRN who practices in the role of first assistant at surgery are additionally detailed. The qualifications, functions, and clinical privileging process for perioperative APRNs are described.

## **Definition of an APRN**

The *Consensus Model for APRN Regulation* defines four APRN roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), and clinical nurse specialist (CNS) and defines an APRN as a nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles;
2. who has passed a national certification examination that measures APRN, role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however, the defining factor for **all** APRNs is that a significant component of the education and practice focuses on direct care of individuals;
4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has clinical experience of sufficient depth and breadth to reflect the intended license; **and**
7. who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP).<sup>3</sup>

## **Definition of a Perioperative APRN**

Perioperative nursing is an additional specialized practice area for APRNs that requires additional education and privileging. A perioperative APRN is a CNS or CNP who, as authorized by applicable regulatory bodies,

- practices in the preoperative or postoperative areas;
- formulates clinical decisions in managing acute and chronic illnesses by assessing, diagnosing, and prescribing treatment modalities, including pharmacologic agents;

- promotes maximum patient functioning and wellness through performance of comprehensive health assessments and prescribed interventions;
- fosters patient advocacy and patient safety;
- uses the skills specific to the role of the APRN when diagnosing and treating the responses of the patient;
- uses the *Perioperative Nursing: Scope and Standards of Practice*<sup>2</sup> as a foundation for APRN practice; and
- incorporates specialized perioperative nursing knowledge and skills into the care of patients undergoing operative and other invasive procedures and care of the patient's family members.<sup>2</sup>

### **Definition of the APRN Practicing as a First Assistant in Surgery**

The APRN practicing in the perioperative environment as a first assistant in surgery

- functions in an expanded perioperative APRN role;
- must comply with all statutes, regulations, and institutional policies relevant to the APRN when first assisting during surgery;
- is required, as of January 1, 2016, to acquire the knowledge and skills needed to provide safe, competent surgical first assistant services by completing a program that covers the content of the *AORN Standards for RN First Assistant Education Programs*, which may be a standalone program or may be a portion of a graduate or postgraduate program (eg, additional coursework included in an APRN graduate program)<sup>10</sup>;
- functions autonomously as part of the surgical health care team to achieve optimal patient outcomes in the preoperative and postoperative management of surgical patients and their complex responses to the surgical process;
- functions in the perioperative arena with responsibilities based on role-specific competence, patient populations, practice environments, accessibility of human and fiscal resources, and health care organization policy;
- acts intraoperatively as a first assistant in surgery only and not concurrently as a scrub person or circulator;
- functions intraoperatively in a coordinated manner with the surgeon while using instruments and medical devices, providing surgical site exposure, handling or cutting tissue, providing hemostasis, suturing, and performing wound management; and
- provides support to patients' significant others and participates in discharge planning and postoperative patient and family follow-up.<sup>2</sup>

### **Clinical Privileging for the APRN Practicing in the Perioperative Setting**

The facilities in which the APRN practices should establish a process for granting clinical privileges to the APRN.<sup>11</sup> This process should include

- mechanisms to verify the APRN's
  - professional education,
  - licensure,
  - certification,
  - previous experience,
  - professional references,
  - qualifications to practice in the credentialed roles,
  - current and continued competency in the credentialed role,
  - professional continuing education relevant to the credentialed role, and
  - history of malpractice claims, and
  - a criminal background check.<sup>12-16</sup>

Perioperative nursing is a specialized area of practice for the APRN. Specialty areas of practice require additional preparation. The perioperative APRN who works as the first assistant at surgery functions in an expanded perioperative nursing role that requires additional specialized education, skills training, and competency verification.

## REFERENCES

1. *The Essential Role of the Doctor of Nursing Practice-Prepared Nurse in Perioperative Services: A White Paper*. AORN, Inc. 2021. Accessed November 4, 2024. <https://www.aorn.org/guidelines-resources/clinical-resources/whitepapers/the-essential-role-of-the-doctor-of-nursing-practice-prepared-nurse-in-perioperative-services>
2. Benze C, Spruce L, Groah L. *Perioperative Nursing: Scope and Standards of Practice*. AORN, Inc. 2021. Accessed November 4, 2024. [https://www.aorn.org/docs/default-source/guidelines-resources/periop-nursing-scope-standards-of-practice.pdf?sfvrsn=c532cdee\\_1](https://www.aorn.org/docs/default-source/guidelines-resources/periop-nursing-scope-standards-of-practice.pdf?sfvrsn=c532cdee_1)
3. APRN Consensus Work Group, National Council of State Boards of Nursing APRN Advisory Committee. *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*. AORN, Inc. 2008. Accessed November 4, 2024. [https://www.aorn.org/docs/default-source/guidelines-resources/position-statements/endorsed-documents/posstat-endorsed-aprn-lace.pdf?sfvrsn=e0dedb6e\\_1](https://www.aorn.org/docs/default-source/guidelines-resources/position-statements/endorsed-documents/posstat-endorsed-aprn-lace.pdf?sfvrsn=e0dedb6e_1)
4. American Nurses Association. *ANA's Principles for Advanced Practice Nurse (APRN) Full Practice Authority*. <https://anaprodsite1.nursingworld.org/globalassets/docs/ana/ethics/principles-aprnfullpracticeauthority.pdf>
5. *Discussion Paper: Standards of Practice for Nurse Practitioners*. American Association of Nurse Practitioners. 2022. Accessed November 4, 2024. <https://www.aanp.org/advocacy/advocacy-resource/position-statements/standards-of-practice-for-nurse-practitioners>
6. *Position Statement: The Certified Nurse-Midwife/Certified Midwife as First Assistant during Surgery*. American College of Nurse-Midwives. 2017. Accessed November 4, 2024. <https://www.midwife.org/acnm/files/ACNMLibraryData/UPLOADFILENAME/000000000270/PS-First-Assist-Revisions-FINAL-Feb%202018.pdf>
7. *Professional Practice Manual*. American Association of Nurse Anesthesiology. 2024. Accessed November 4, 2024. <https://www.aana.com/practice/professional-practice-manual/>
8. *Statement on Clinical Nurse Specialist Practice and Education*. 3rd ed. National Association of Clinical Nurse Specialists. 2024. <https://nacns.org/resources/practice-and-cns-role/cns-competencies/> [login required]
9. National Academies of Sciences, Engineering, and Medicine. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington, DC: The National Academies Press; 2021. Accessed November 4, 2024. <https://nap.nationalacademies.org/catalog/25982/the-future-of-nursing-2020-2030-charting-a-path-to>
10. *AORN Standards for RN First Assistant Education Programs*. AORN, Inc. 2014. Accessed November 4, 2024. [https://www.aorn.org/docs/default-source/guidelines-resources/rnfa-education-standards.pdf?sfvrsn=8099f6e\\_3](https://www.aorn.org/docs/default-source/guidelines-resources/rnfa-education-standards.pdf?sfvrsn=8099f6e_3)
11. *AORN Position Statement on RN First Assistants*. AORN, Inc. 2022. Accessed November 4, 2024. [https://www.aorn.org/docs/default-source/guidelines-resources/position-statements/first-assisting/posstat-rnfa-0908.pdf?sfvrsn=7d9f3037\\_6](https://www.aorn.org/docs/default-source/guidelines-resources/position-statements/first-assisting/posstat-rnfa-0908.pdf?sfvrsn=7d9f3037_6)

12. Governance. In: *Accreditation Handbook for Ambulatory Health Care*, v43. Skokie, IL: Accreditation Association for Ambulatory Health Care, Inc; 2023:89-96.
13. *State Operations Manual Appendix L—Guidance for Surveyors: Ambulatory Surgical Centers*. Rev 215; 07-21-23. Centers for Medicare & Medicaid Services. Accessed November 4, 2024.  
[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_l\\_ambulatory.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_l_ambulatory.pdf)
14. *State Operations Manual Appendix A—Survey Protocol, Regulations, and Interpretive Guidelines for Hospitals*. Rev 220; 4-19-24. Centers for Medicare & Medicaid Services. Accessed November 4, 2024.  
[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)
15. Human resources. In: *Comprehensive Accreditation Manual for Hospitals*. Oakbrook Terrace, IL: Joint Commission Resources; 2024:HR.01.02.01.
16. Human resources. In: *Comprehensive Accreditation Manual for Ambulatory Care*. Oakbrook Terrace, IL: Joint Commission Resources; 2024:HR.01.01.01.

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