

# Advanced Practice Registered Nurses and Non-surgical Aesthetic Procedures

## Statement of Purpose

Provide scope of practice guidance for Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), and Certified Registered Nurse Anesthetists (CRNAs); collectively known as APRNs, who perform non-surgical aesthetic procedures. In addition describe the APRNs role when assigning performance of non-surgical aesthetic procedures the Registered Nurses (RNs) or Licensed Practical Nurses (LPNs) or other qualified anesthetic professionals.

## Background/Significance

As technology changes and practice evolves, APRNs and nurses alike are increasingly involved in procedures of a cosmetic and/or dermatologic nature, specifically non-surgical aesthetic procedures. Many of the competencies required for performing these procedures are not gained through basic nursing education. As a result, APRNs and nurses are often unclear about whether or not these procedures are within their scope of practice.

## Board Statement

The Oregon State Board of Nursing (Board) affirms that it is within the scope of practice for the APRN to perform non-surgical aesthetic procedures, when all conditions of the Scope of Practice Decision-Making Guidelines are entertained and all answers lead to affirmation of the requested practice.

This is the model for decision-making OSBN refers licensees to when questions arise regarding practice. Accessed here: [http://www.oregon.gov/OSBN/pdfs/InterpretiveStatements/scope\\_decision\\_tree.pdf](http://www.oregon.gov/OSBN/pdfs/InterpretiveStatements/scope_decision_tree.pdf)

Definition of Non-surgical Aesthetics: The art and science of delivering minimally invasive treatments/procedures that enhance, refine and/or refresh one's appearance and assist a patient in safely and successfully meeting their personal aesthetic goals.

APRN scope of practice for non-surgical aesthetic procedures using the OSBN Scope of Practice Decision-Making Guidelines is outlined below.

## Identify, describe or clarify the role, intervention or activity under consideration.

### **(1) Is performance of non-surgical aesthetic procedures PROHIBITED by the Nurse practice Act (NPA) and/or Rules/Regulations and or any other applicable laws, rule/regulations or accreditation standards?**

The NPA does not prohibit the performance of non-surgical aesthetic procedures by those APRN who are considered a Licensed Independent Practitioner (LIP). However the authority to diagnose *and* prescribe is limited to those APRNs who hold such license as well as the license for prescriptive authority. Nurse Practitioners are required to have prescriptive authority per 851-050-0138. Certified Registered Nurse Anesthetists and Clinical Nurse Specialists have optional prescriptive authority (pursuant to 851-056-0006), but would be required to obtain such authority from OSBN to engage in non-surgical aesthetic procedures as a LIP.

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Prescriptive authority is noted by the addition of PP (prescriptive privilege) on the licensee's license. It can be verified electronically through OSBN at <http://osbn.oregon.gov/osbnverification/Default.aspx> Licensee's with prescribing authority are required to meet all the requirements of initial licensing and continued licensing found in Division 56 of the NPA. [http://arcweb.sos.state.or.us/pages/rules/oars\\_800/oar\\_851/851\\_056.html](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_851/851_056.html)

Non-surgical aesthetic procedures are not prohibited by the NPA (examples include but are not limited to aesthetic neuromodulators, dermal fillers, chemical peels, laser skin resurfacing, sclerotherapy, and microdermabrasion). In accordance with the standards for prescribing (851-056-0012) all APRNs are independently accountable for their prescribing decisions and must only prescribe drugs that have Food and Drug Administration (FDA) approval.

Procedures that may be performed as part of personal care when incorporated into the nursing care plan for the patient can include (1) manicures and pedicures and (2) facials/ facial massage.

Procedures that are not the practice of nursing but may be performed by the nurse if the nurse is licensed/certified by the Oregon Health Licensing Agency to perform these services:

- (1) Permanent Color and Tattoos
- (2) Body Piercing
- (3) Body wraps, the application of bleaching agents, waxing, and airbrush tanning
- (4) Facials, facial massage not provided in the context of the nursing care plan, and
- (5) Manicures and pedicures not provided in the context of nursing plan of care.

If performing these tasks outside of RN license these practice hours would not count toward RN practice hours per OAR 851-031-0006.

For more information, APRNs would need to review all applicable laws and rules of the appropriate agency.

Laws:

[Oregon revised statutes ORS 676.630-676.660](#) - Board of Certified Advanced Estheticians

[Oregon revised statutes ORS 676.575-676.625 and 676.990-676.992](#) - Health Licensing Office

[Oregon revised statutes ORS 690.005-690.225 and 690.992](#) - Board of Cosmetology

[Oregon revised statutes 690.350-690.415 and 690.992](#) - Board of Electrologists and Body Art Practitioners

Rules:

[Oregon administrative rules Chapter 331, Divisions 001-030](#) - Health Licensing Office

[Oregon administrative rules Chapter 331, Divisions 900-950](#) - Board of Electrologists and Body Art Practitioners

[Oregon administrative rules Chapter 817, Divisions 005-120](#) - Board of Cosmetology

To be determined: Board of Certified Advanced Estheticians Rules

The Oregon Medical Board (OMB) may consider certain non-surgical cosmetic procedures part of an office based-surgical procedure per OAR 847-017-0003(4). Therefore, if working in collaboration or conjunction with professionals licensed by OMB, carefully consider impact of OMB rules specific to that licensee. The OMB has adopted a statement of philosophy to guide their licensees entitled *Responsibilities of Medical Directors of Spas*. This document can be accessed directly from their website or at

<http://www.oregon.gov/omb/board/philosophy/Pages/Responsibilities-of-Medical-Directors-of-Medical-Spas.aspx>.

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This document serves to inform OMB licensees practicing in said role that Medical Spa patients must be treated the same as a patient in any other medical facility (e.g., performing an evaluation of the patient to establish the appropriate diagnosis and treatment, obtaining informed consent prior to treatment, and maintaining proper documentation and patient confidentiality, etc.).

The APRN working with and supervising nurses with license types and educational levels that do not allow for independent medical judgment, (RNs/LPNs) need to exercise and adhere to consistent application all aspects of nursing care that is assigned to others (assessment, diagnosis, planning, implementation, and evaluation). The APRN must be aware that they cannot assign tasks or supervise procedures that he/she is not also educated and trained to perform themselves.

Types of APRN supervisory options may be acceptable and allow for full implementation of nursing practice, examples include:

Scenario 1:

- APRN conducts evaluation and consults with patient prior to treatment by RN
- Provides orders to RN to provide treatment
- Delivers follow up evaluation
- Is on site during treatment

Scenario 2:

- RN performs pre-treatment evaluation and selects treatment per protocol and standing orders that are formulated and approved by the APRN
- RN delivers treatment
- Post treatment case and or documentation review by APRN. APRN to deliver follow up evaluation, when medically indicated and in the event of complications.
- APRN remains available in event of emergency or for treatment of untoward effects. Clarification: APRN is not required to be on site. The definition of “available” should then be delineated by the individual institutions policies.

### **(2) Is performing non-surgical aesthetic procedures consistent with professional nursing standards, evidence-based nursing and health care literature?**

All APRN graduate programs prepare APRN students to meet all the basic competencies within the scope including physical assessment, pharmacology, pathophysiology, differential diagnosis, and clinical management. This basic education allows for advanced practice nurses to function as licensed independent practitioners (LIPs).

Scope of practice rules address the role of the APRN will continue to expand in response to societal demand and new knowledge gained through research, education, and experience. (851-050-0005, 851-052-0002)

Historically, coursework specific to aesthetics has been lacking in both medical and nursing educational programs. This is not considered unusual as emerging technologies often exceed academia’s ability to respond with timely curriculum changes. Societal demands for aesthetic services are expected to continue to increase based upon expert forecasts. In response to this demand, academic education can be achieved through aesthetic workshops and seminars that are widely available to APRNs.

Rationale for inclusion of all APRN types, regardless of population focus, to perform non-surgical aesthetic

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procedures: The science of aesthetics is straightforward and relatively uncomplicated. The client population seeking non-surgical aesthetic procedures are relatively healthy. The formulary utilized for non-surgical aesthetic procedures is small and therefore understanding of such is incorporated into respected training coursework and practicum. Client safety is extremely well managed by the safety profile of the pharmaceuticals and procedural complications are rarely severe or life threatening.

### **(3) Are there policies and procedures in place to support performing non-surgical aesthetic procedures?**

If engaged in this practice type, it would be important to ensure that appropriate policies are adopted to maintain patient safety, privacy, and provision for all standards of nursing care. All nurses must work within a practice setting that maintains written policies and protocols, consistent with current practice, which includes, but is not limited to, provision of specific direction on equipment, patient monitoring, and directions for dealing with complications of procedures. Best practice of policy and procedure development need to also include absolute stops for when it would pose risk or potential risk of patient harm to proceed with a non-surgical aesthetic procedure.

The APRN has a responsibility to recognize that organizational or business policy may not supersede state or federal requirements.

### **(4) Has the APRN completed the necessary education to safely perform non-surgical aesthetic procedures?**

The American Board of Medical Specialties (ABMS) has been considered the highest level of board certification. However, they do not have a certification for Aesthetics. The difficulty in providing certification was due to the field of aesthetic crossing into many recognized specialties.

In the absence of ABMS certification, there has been three primary sources that provided what could be termed as a “certification in aesthetics”: for-profit societal organizations, AAFPRS for example; for-profit educational organizations, Aesthetic Advancements Incorporated for example; product manufacturers, Allergan, for example.

### **(5) Is there documented evidence of the APRN’s current competence to safely perform non-surgical aesthetic procedures?**

In accordance with OAR 851-045-0040, it is the responsibility of the licensee to maintain documentation of the method in which initial competency was granted and how such competency is maintained. This may be established by education – curriculums and fellowships; certifications – national and/or privately sponsored; and inclusion of evidenced-based best practices – Cochrane Collaboration is one example of an organization providing aesthetic research to support evidence-based practice.

Portfolio management is an individual responsibility of the APRN and may be subject to audit by OSBN particularly if there are any complaints regarding the APRNs practice. Records of competency should also be maintained at the place where non-surgical aesthetic procedure employee files/patient charts are stored.

### **(6) Would a reasonable and prudent APRN perform the activity in this setting?**

Requirements for safe practice would include OSHA compliant, privacy protected, appropriate medical staff, documentation, supplies, and environment. These considerations for incorporation into policy, procedure and

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standards are relevant in all settings.

### **(7) Is the APRN prepared to accept accountability for their own role, or assignment of the role, to perform non-surgical aesthetic procedures and the related outcome?**

The Board recognizes the complexity of nursing practice and the interface with nursing regulation. OSBN encourages APRNs to use self-regulation.

When self-regulation is fully adopted, an APRN will assume personal accountability for:

- Developing and maintaining knowledge base for professional practice and personally accountability for safe practice.
- Adhering to the laws governing nursing in Oregon.
- Adhering to professional and specialty scope and practice and performance standards.
- Practicing within the context of care of the setting.
- Developing, maintaining, and advancing individual competencies through the pursuit of ongoing educational and practice experiences

References: Oregon Nurse Practice Act, Divisions 45, 50, 52, 54 and 56

Authority for Approval: ORS 678.285, 678.372, 678.380

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*The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education, and practice in order to assure that the citizens of Oregon receive safe and effective care. The OSBN further interprets statute and rule and issues opinions in the form of Policy and Interpretive Statements. These policies and interpretive statements are advisory in nature and issued as guidelines for safe nursing practice.*