The Registered Nurse Who Participates in Cosmetic Procedures

The Oregon State Board of Nursing Scope of Practice Decision Making Guideline for All Licensed Nurses was used to formulate this interpretive statement. Each section of the guideline is defined and the applicability to cosmetic procedures is explained. For easier reference, it may be helpful to lay the Decision Making Guideline alongside this statement.

Certain cosmetic procedures may be considered within the scope of practice at the RN level of licensure. Application of the following decision-making guideline will assist the RN to self-evaluate whether or not a cosmetic procedure is within scope of practice and safe for the RN to perform. While Division 45 of the Oregon Nurse Practice Act (NPA) does not specifically prohibit the licensed practical nurse (LPN) from performing cosmetic procedures, the in-depth analysis and synthesis of nursing assessment data required by a licensee for safe implementation of a cosmetic procedure exceeds the scope of limited assessment allowed at the LPN level of licensure.

1. **Identify, describe or clarify the role, intervention or activity under consideration.**
   For the purpose of this interpretive statement, cosmetics practice means the RN’s implementation of the licensed independent practitioner’s (LIP) treatment plan for the healthy client who seeks to enhance his or her appearance. The RN’s implementation of the LIP’s treatment plan includes the acceptance and implementation of the LIP’s orders for a cosmetic treatment, procedure, or intervention.

2. **Is the role, intervention or activity prohibited by the Nurse Practice Act and Rules/Regulations or any other applicable laws, rules/regulations or accreditation standards?**
   The NPA does not specifically prohibit the performance of cosmetic procedures. The NPA does limit the authority to diagnose and prescribe to the advanced practice registered nurse (APRN) only. As such, the RN’s role within a cosmetic practice would be as a health care team member who assists with implementation of the APRN’s, or other licensed independent practitioner’s, treatment plan for the client.

   The Oregon Medical Board (OMB) defines cosmetic procedures as an office based surgical procedure in OAR 847-017-0003 (4). The OMB published document *Responsibilities of Medical Directors of Spas* states that the Medical Director (OMB licensee) must perform an evaluation of the patient to establish the appropriate diagnosis and treatment plan. Thereafter, the OMB does not require the Medical Director to examine the patient prior to every follow-up procedure within the treatment plan. The OMB document also indicates that the physician may not delegate the diagnosis of a medical condition or development of a treatment plan to a staff member who is not licensed to provide independent medical judgment.

   Some cosmetic procedures fall under the jurisdictional authority of Oregon Health Authority Health Licensing Office (HLO). The HLO is a state licensing and regulatory office that oversees multiple health and related professions. This office is responsible for the regulation of Electrologists and Body Art Practitioners, Cosmetologists, and Estheticians (among others). It is the responsibility of the RN to determine if engagement in a cosmetic procedure requires licensing or certification through the HLO office that regulates the activity. Based on Oregon Revised Statutes 690.005 through 690.025, the Oregon Board of Cosmetology states that persons may engage in cosmetology practices without
a cosmetology license when that person is acting within the scope of their professional license and following their Board’s practice standards. This means the RN may perform a cosmetic procedure when abiding by the rules and regulations of the NPA.

In 2015, Oregon HB 2642 established certification for practice of advanced nonablative esthetic procedures. This bill exempted licensed healthcare professionals (such as RNs) from this requirement provided that the procedure was within the scope of their individual license. Since the NPA does not specifically prohibit this intervention, the certification criteria does not apply to the RN licensed in Oregon who has obtained education in, and possess competencies in, nonablative esthetic procedures.

The RN who seeks to engage in cosmetics practice should consult the rules and regulations of the HLO prior to engaging in cosmetics procedure to determine if any changes have occurred since the development of this interpretive statement.

3. **Is performing the role, intervention or activity consistent with professional nursing standards, evidence-based nursing and health care literature?**

Professional specialty nursing organizations, such as the Dermatology Nurses’ Association (DNA), provide standards and guidelines on the nurse’s role in the provision of cosmetic services. The DNA’s guidelines are retrievable at [http://journals.lww.com/jdnaonline/Fulltext/2013/09000/The_Nurse_s_Role_in_the_Provision_of_Cosmetic_14.aspx](http://journals.lww.com/jdnaonline/Fulltext/2013/09000/The_Nurse_s_Role_in_the_Provision_of_Cosmetic_14.aspx)

Primary literature sources containing peer-reviewed research articles may be accessed via a full text database such as ProQuest, EBSCOhost, and Nursing@Ovid®. These are available through subscription and may be available through one’s employer or alma mater.

The Washington State Department of Health Nursing Care Quality Assurance Committee has published *Position Statement: Administration of Botox and the Role of Licensed Nurses* (June 16, 2004). This document is retrievable at [http://www.doh.wa.gov/Portals/1/Documents/6000/AdminofBotox.pdf](http://www.doh.wa.gov/Portals/1/Documents/6000/AdminofBotox.pdf)

The American Nurses Association publishes professional standards of practice and professional performance which apply to the practice of nursing and describe a competent level of nursing practice and professional performance common to all RNs.

When performance of the cosmetics procedure is consistent with professional nursing standards, evidence-based nursing and health care literature, the RN may proceed with further consideration of the procedure for implementation.

4. **Are there practice setting policies and procedures in place to support performing the role, intervention or activity?**

Prior to engaging in cosmetics practice, the RN is responsible to ensure that policies and procedures are in place that are pertinent to performance of the procedure and are accessible in the environment of care. The RN has a responsibility to recognize that organizational or business policy may not supersede state or federal requirements.
5. **Has the nurse completed the necessary education to safely perform the role, intervention or activity?**

There is not a designated educational standard for the RN participating in or performing cosmetic procedures. The RN is responsible to provide evidence of initial education in cosmetics practice. This could include: professional education in the area of cosmetic practice, current professional and specialty standards, evidenced-based practice, FDA standards, and other applicable statutes and rules.

OAR 851-045-0040 (3) identifies the responsibility of the RN to accept only nursing assignments for which one is educationally prepared and obtain instruction and supervision as necessary when implementing nursing practices.

6. **Is there documented evidence of the nurse’s current competence (knowledge, skills, abilities and judgement) to safely perform the role, intervention or activity?**

OAR 851-045-0040 (3) requires the RN to maintain documentation of the method in which competency was gained and continues to be maintained. Evidence of competency may be demonstrated by the RN’s documented completion of a formal educational program that validates attainment of competency objectives.

Should a complaint be received by the Board, the Board will request the records of the RN’s initial competency and continued competency validation.

7. **Would a reasonable and prudent nurse perform the role, intervention or activity in this setting?**

A reasonable and prudent RN may perform a cosmetic procedure when it is not a prohibited act, is within the scope of practice for the licensee’s level of licensure, appropriate to occur in the environment of care, a procedure for which the RN possesses the competencies to execute safely, is supported by an LIP’s order, is consistent with the client’s treatment plan, and is delivered through the engagement of nursing process.

8. **Is the nurse prepared to accept accountability for the role, intervention or activity for the related outcome?**

The RN maintains accountability and responsibility for the nursing care provided and the environment of care. Should the RN not be willing to accept the accountability for the procedure, the RN should decline to engage in the procedure. If all criteria have been met, then the activity is within the scope of practice for an RN. The RN may still decline to perform the procedure but cannot use scope of practice violation as a reason to decline.
Frequently Asked Questions

Q: I read the referenced Oregon Medical Board's (OMB) document titled *Responsibilities of Medical Directors of Spas*. Does the information in the OMB document apply to naturopathic physicians too?

A: Naturopathic physicians do not fall under the jurisdiction of the Oregon Medical Board. They are regulated by the Oregon Board of Naturopathic Medicine. You would need to contact the Oregon Board of Naturopathic Medicine for the answer to this question.

Q: On a few occasions, our cosmetics clinic has signed up a new patient on days that our physician is out of the office. Can we start treating them with Botox prior to the physician evaluating them?

A: The OMB published document *Responsibilities of Medical Directors of Spas* states that the physician may not delegate the diagnosis of a medical condition or development of a treatment plan to a staff member who is not licensed to provide independent medical judgment; this means the MD may not delegate this responsibility to you the RN.

References: Oregon’s Nurse Practice Act
Authority for Approval: ORS 678