

Policy Guideline: Nursing Scope of Practice for Cosmetic and Dermatologic Procedures

Statement of Purpose

The purpose of this policy is to provide scope of practice clarification for Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) who engage in cosmetic and dermatologic procedures. These procedures include:

<u>Body Treatment</u> Cellulite Lymphatic Drainage Vacuum massage	<u>Peels/Topical</u> Chemical Peels Microdermabrasion Power Peel Cryotherapy
<u>Light Treatment</u> Photodynamic (PDT) Infrared Light Magenta Light UVB Light UVA Light	<u>Radio Frequency and Currents</u> Micro Current Ultrasound (for non-diagnostic use; therapeutic use only) Thermage®
<u>Laser Treatments</u> Non-ablative Lasers Intense Pulsed Light TriActive	<u>Injectable Treatment (FDA Approved Only)</u> Botox® Fillers Sclerotherapy of superficial veins

Background Information

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

I. Scope Statement

The Oregon State Board of Nursing affirms that it is within the scope of practice for the LPN, RN, NP or CNS to engage in the above cosmetic and dermatologic procedures, if the requirements listed in II. through IV. below are met. Additionally:

- A. The following procedures may be performed as part of personal care when incorporated into the nursing care plan for the patient:
 1. Manicures and pedicures
 2. Facials and facial massage
- B. The following procedures 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 B. above
 5. Manicures and pedicures not provided in the context of B. above
- C. NPs and CNSs may perform Sculptra® injections only under the circumstances listed below. It is not within the scope of practice of the RN or LPN.
 1. The NP or CNS must have additional specialized training from a Sculptra® trainer.
 2. The NP or CNS must have direct supervision by a dermatologist or cosmetic surgeon who has the knowledge and ability to perform this procedure independently.

- D. The following procedures may not be performed by nurses in any licensure category:
1. Liposuction
 2. Hair transplants
 3. Implants other than those used for medication delivery
 4. Invasive radiofrequency procedures
 5. Ablative lasers (e.g. Erbium YAG, CO2)
 6. Phenol peels
 7. Sclerotherapy of other than superficial veins

II. Education and Training

It is the expectation that the process below is followed to ensure achievement of competency. Education, training, experience and ongoing competency appropriate to responsibilities, treatment provided and the patient/population served is documented in personnel files and/or individual portfolios. The nurse must:

- A. Satisfactorily complete documented education and training which includes theory, clinical training and precepted practice which incorporate the knowledge and skills listed in Section III. below.
- B. Demonstrate continued competency in practice.
- C. Ensure that documentation of initial and continued competency is readily available.

III. Knowledge and Skills

It is the expectation that the following knowledge and skills are gained and demonstrated prior to engaging in cosmetic and dermatologic procedures. Education, training, experience and ongoing competency appropriate to responsibilities, treatment provided and the patient/population served is documented in personnel files and/or individual portfolios.

The nurse must possess knowledge of and be able to apply in practice:

- A. Anatomy, physiology, pathophysiology regarding the integumentary system as well as systems specific to the procedure/s being performed.
- B. Proper technique for each dermatologic procedure.
- C. Proper client selection, history taking, physical assessment parameters, indications and contraindications for treatment.
- D. Pharmacology including drug actions/interactions, side effects, contraindications, and untoward effects.
- E. Proper selection, maintenance and utilization of equipment.
- F. Ability to articulate realistic and expected outcomes of the procedure.
- G. Ability to describe potential complications and side effects.
- H. Nursing care required and appropriate nursing interventions in the event of complications or untoward outcomes.
- I. Management of complications or adverse reactions.
- J. Infection control.
- K. Safety precautions.
- L. Documentation appropriate to the type of the procedure being performed.

IV. Practice Setting

Any nurse who engages in cosmetic or dermatologic procedures has the responsibility to ensure that the following requirements are met prior to participating in those procedures.

- A. Procedures may only be performed only after an initial assessment/evaluation has been performed and treatment plan developed by a Licensed Independent Practitioner (LIP).
- B. The supervising LIP will have the knowledge and ability to perform the procedure/s independently.
- C. RNs must have minimal supervision by a LIP who has the knowledge and ability to perform the procedure/s independently for all procedures except photodynamic therapy and Thermage®. Direct supervision is required for photodynamic therapy and

Thermage®.

- D. LPNs must have minimal supervision by a LIP for all procedures except laser treatments, photodynamic therapy, Thermage® and injections. Direct supervision will be required for those procedures.
- E. 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.

V. Appendix

A. Definitions

1. "Clinical Training." Instruction specific to a given procedure, by an individual proficient in that procedure, on proper use of equipment, proper technique, procedural risks, side effects and any other skill components necessary for safe performance of that procedure.
2. "Direct Supervision." The LIP is physically present and accessible in the immediate client care area and available to intervene if necessary.
3. "Licensed Independent Practitioner (LIP)." An individual permitted by Oregon law to independently diagnose, provide care, treatment and services that are within the individual's scope of practice.
4. "Minimal Supervision." The LIP is physically on the premises where the client is being cared for or readily available by telephone.
5. "Precepted Practice." Working directly with clients, the performance of a cosmetic/dermatologic procedure/s after theory and clinical training has occurred, and until competency is achieved, under the direct supervision of a LIP who has the knowledge and ability to perform the procedure/s independently.
6. "Theory." Body of knowledge regarding the principles which underpin safe execution of a given procedure. Theory instruction may be obtained through independent study, through mentored study provided by a licensed health care provider who has the knowledge and skill to perform the procedure, or through a formal course of study, but cannot be provided solely by a manufacturer's representative.

B. Questions & Answers

- Q: I would like to perform procedures that are listed within scope, but would also like to perform facials and body wraps. How may I do both?
- A: Please contact the Oregon Health Licensing Agency to seek certification as an Esthetician.
- Q: Is it OK for a manufacturer's representative to provide some of my education and training?
- A: The manufacturer's representative may, at times, be an appropriate source for your clinical training. You must also have theory and precepted practice. Facility policies should specify training requirements and how they may be achieved.
- Q: I currently have a foot care practice. Is this a problem with the limitations that are listed regarding pedicures and manicures?
- A: No. Foot care is within the scope of practice of the nurse (LPNs must be supervised in accordance with the Nurse Practice Act).
- Q: I would like run my own clinic to perform chemical peels and microdermabrasion without meeting all of the requirements listed in II. through IV. above. Is this OK?
- A: Unless you function within the standards set forth in II. through IV. above, your practice would be esthetic practice not nursing practice. This would also be true if

you are performing lymphatic drainage, vacuum massage or laser hair removal under these circumstances. If you do not meet the standards listed in II. through IV., you would need to contact the Oregon Health Licensing Agency to seek certification from their office in order to provide these services. Hours practiced in this manner would not count toward meeting the nursing practice requirement necessary for licensure renewal. In addition, you should not represent yourself as a nurse, using your nursing licensure (i.e. RN, LPN, NP, CNS) if you provide services in this manner.

C. References

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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 Board Policies, Policy Guidelines and Position Statements. Although they do not have the force and effect of law, these opinions are advisory in nature and issued as guidelines for safe nursing practice.