



KENTUCKY BOARD OF NURSING
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ADVISORY OPINION STATEMENT

COSMETIC AND DERMATOLOGICAL PROCEDURES BY NURSES

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, promulgate regulations and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guideline to licensees who wish to engage in safe nursing practice.

Opinion: Cosmetic and Dermatological Procedures by Nurses

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Accountability and Responsibility of Nurses

In accordance with KRS 314.021(2), nurses are responsible and accountable for making decisions that are based upon the individuals' educational preparation and current clinical competence in nursing, and requires licensees to practice nursing with reasonable skill and safety. Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

Rationale for Advisory Opinion

The Board receives multiple inquiries as to whether the performances of various health care and medical aesthetic related cosmetic and dermatological procedures are within the scope of nursing practice. As technology changes and practice evolves, nurses are increasingly involved in procedures of a cosmetic and/or dermatologic nature. Many of the clinical competencies required to perform these acts in a safe, effective manner are not gained through pre-licensure nursing education but are gained through the acquisition of additional education preparation and supervised clinical practice.

Advisory Opinion

After review of the statutes governing nursing practice, curricula of pre-licensure and continuing education nursing programs, standards of nursing practice, evidence based articles, and study of the issues and concerns regarding cosmetic and dermatological procedures the Kentucky Board of Nursing issued this advisory opinion statement.

I. Aesthetic Cosmetic and Dermatological Procedures, and Scope of Practice

Aesthetic cosmetic and dermatological procedures may be performed by a nurse as a part of a medically prescribed plan of care for treatment of various dermatological conditions.

Procedures referenced in this statement include, but are not limited to:

A. Nursing care procedures, patient/client's personal care procedures, and health maintenance and health promotion regimen, as incorporated into the patient/client's nursing plan of care, such as:

- Hand and foot care, manicures, pedicures, facials, and massages. Such care may include, but is not limited to, physical assessment by a registered nurse (RN) of skin and extremities, promotion of skin integrity, promotion of self image/esteem, hygiene, patient education, and nail trimming. The performance of these acts is within the scope of nursing practice when performed as a component of a nursing plan of care. Individuals performing these actions outside a nursing plan of care must be licensed by the appropriate regulatory agency.

B. Medical aesthetic procedures, as ordered by a duly authorized prescriber for treatment of various dermatological conditions, as follows:

- Light treatments, such as, topical photodynamic therapy (PDT); infrared light; magenta light; UVB light, and UVA light.
- Laser treatments, such as non-ablative lasers, cosmetic lasers for skin peels which involve ablation and removal of the superficial skin layer; intense pulsed light (IPL) and long pulsed dye (LPDL) lasers, sclerotherapy for telangiectasia, laser hair removal and non-invasive radio frequency procedures.
- Peels/Topical procedures such as superficial chemical peels and microdermabrasion using agents such as salicylic acid, glycolic acid, Jessner's solution and trichloroacetic acid at less than 20%, but do not include the use of phenol.
- Injectable treatments (using FDA approved products only), such as Botox®, absorbable dermal fillers, and sclerotherapy of superficial veins.

It is within the scope of **licensed practical nursing practice** (LPN), for the LPN who is educationally prepared and clinically competent to perform medical aesthetic procedures (except sclerotherapy) under direct supervision¹ of a physician or advanced practice registered nurse (APRN) (designated nurse practitioner or clinical nurse specialist performing within scope of certification/practice). The LPN who performs these acts should meet the criteria described in Sections II and III of this statement.

¹ **"Direct supervision"** means the physician or APRN provides direction to the LPN, is accessible in the immediate patient care area and available to intervene in patient care if necessary.

It is within the scope of **registered nursing practice**, for the RN to perform medical aesthetic procedures under the supervision² of a qualified physician or APRN. The RN may use established standing orders or protocols³ that have been established by the physician/APRN. The RN who performs these acts should meet the criteria described in Sections II and III of this statement.

In addition to the definitions cited above, the degree of supervision that should be present is addressed in various agency/organizations' position statements, such as:

- The Kentucky Board of Medical Licensure 2011 position statement on the role of the physician in supervision of laser related activities.
<http://kbml.ky.gov/search/Pages/default.aspx>
- The Dermatology Nurses' Association 2011 position paper entitled "The Nurse's Role in Laser Procedures" which advises that ...nurses will deliver laser light under the direct supervision of the physician who is on-site, utilizing established protocols that have been determined by the physician at the time of his/her consultation with the patient, or at each pre-treatment session when applicable.
<http://www.dnanurse.org/advocacy/position-statements/nurses-role-laser-procedures>
- The American Society for Laser Medicine and Surgery "Principles for Non-Physician Use of Laser and Related Technology" which states that ...a properly trained and licensed medical professional may carry out these specifically designed procedures only under direct, onsite physician supervision. <http://www.aslms.org/public/standardspnpulrt.shtml>

C. Medical procedures that are not within the scope of registered nursing or licensed practical nursing practice include:

- Liposuction; hair transplants/implants; implants; ablative laser; phenol peels, and sclerotherapy of other than superficial veins. A nurse may assist a qualified provider in the performance of these procedures.

D. Other related procedures, such as body piercing, tattooing, application of permanent make-up, and electrolysis are not the practice of nursing, but are not prohibited by the *Kentucky Nursing Laws* KRS 314. If a nurse chooses to perform these procedures, then per KRS 314.021 the nurse is accountable and responsible for performing the acts in a safe and reasonable manner.

II. Educational Preparation and Clinical Competency

Each nurse is required to obtain the educational preparation and current clinical competency to perform acts within a safe and effective manner. The nurse should have documented educational preparation, supervised clinical practice experience, and ongoing competency validation appropriate to responsibilities, treatment provided, and the patient/population served. The documentation should be readily available in the nurse's personal file and/or personnel file.

² "**Supervision**" means the physician or APRN is physically on the premises where the patient is being cared for or readily available by telephone.

³ See excerpt from Advisory Opinion Statement (AOS) #14 "Roles of Nurses in the Implementation of Patient Care Orders" on Page 5 of the statement. See the Board's website at www.kbn.ky.gov for the complete statement.

In order to ensure patient safety, the nurse should minimally gain and demonstrate the following knowledge and skill prior to engaging in cosmetic and dermatological procedures:

- A. Anatomy, physiology, and 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.

III. Practice Setting

Any nurse who is going to engage in medical aesthetic cosmetic or dermatologic procedures should ensure that the following criteria are met prior to participating in those procedures:

- A. Following the performance of a documented initial assessment/evaluation and development of a treatment plan by a physician or APRN, medical aesthetic procedures are performed. The nurse, except as limited for the Licensed Practical Nursing scope of practice, may apply standing orders and protocols that have been prescribed.
- B. The prescribing/supervising physician/APRN should have the knowledge and ability to perform the procedure(s) independently.
- C. The institution or practice setting maintains written policies and protocols consistent with KRS Chapter 314, applicable standards of practice, and evidence based practice, which includes, but is not limited to, provision of specific direction on equipment, patient monitoring, and directions for dealing with complications of procedures.
- D. The institution or practice setting has in place an educational/competency validation demonstration of the knowledge, skills, and abilities to safely perform the specific procedures. In addition, evaluation and documentation of competence occurs on a periodic basis according to institutional policy.

Supporting Resources

Excerpts from Advisory Opinion Statement (AOS) #14: “Roles of Nursing in the Implementation of Patient Care Orders,” Use of Protocols and/or Standing Orders

The terms “protocol,” and “standing or routine orders,” are not defined in the *Kentucky Nursing Laws* (KRS Chapter 314) and are often used differently in various health care settings. Such orders may apply to all patients in a given situation or be specific established order sets given by a given physician/provider. The determination as to when and how “protocols and standing/routine orders” may be implemented by nurses is a matter for internal deliberation by the health care facility.

It was the advisory opinion of the Board that after a documented initial assessment/evaluation for each individual patient has been performed by a physician or APRN and a treatment plan developed by a physician or APRN, nurses except as limited for the Licensed Practical Nursing scope of practice, may implement physician/provider issued protocols and standing/routine orders, including administration of medications, following nursing assessment. Protocols/orders should be written to reflect treatment of signs and symptoms, and should include parameters for when the nurse is to consult the physician/provider. In addition, protocols and standing/routine orders should be formally approved by the facility medical and nursing staff, and approved by the prescriber for the individual patient.

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Determining Scope of Practice

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. In addition to this advisory opinion statement, the Kentucky Board of Nursing has published "Scope of Practice Determination Guidelines" which contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the RN and LPN guidelines may be downloaded from the Board's website <http://kbn.ky.gov/NR/rdonlyres/74A5FF75-543D-4E12-8839-720B7623DA87/0/ScopeDeterminGuidelines.pdf> and a copy of the APRN guidelines may be downloaded from the Board's website <http://kbn.ky.gov/practice/Documents/APRN%20Scope%20of%20Practice%20%20Decision%20Making%20Model.pdf>

Applicable Statutes From the *Kentucky Nursing Laws*⁴

KRS 314.021(2) states:

All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

KRS 314.011(8) defines "advanced practice registered nursing practice" as:

"Advanced practice registered nursing" means the performance of additional acts by registered nurses who have gained advanced clinical knowledge and skills through an accredited education program that prepares the registered nurse for one (1) of the four (4) APRN roles; who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced practice registered nursing as a certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist; and who certified in at least one (1) population focus. The additional acts shall, subject to approval of the board, include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced practice registered nurses who engage in these additional acts shall be authorized to issue

⁴ A copy of the *Kentucky Nursing Laws* may be downloaded from the Kentucky Board of Nursing website at <http://kbn.ky.gov>.

prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905 and to issue prescriptions for but not to dispense Schedules II through V controlled substances as classified in KRS 218A.060, 218A.070, 218A.080, 218A.090, 218A.100, 218A.110, 218A.120, and 218A.130, under the conditions set forth in KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or before August 15, 2006. ... (c) The performance of these additional acts shall be consistent with the certifying organization or agencies' scopes and standards of practice recognized by the board by administrative regulation;...

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm.
- b) The maintenance of health or prevention of illness of others.
- c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
 1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
 3. Intervening when emergency care is required as a result of drug therapy;
 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
 6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care.
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.
- d) Teaching, supervising, and delegating except as limited by the board.
- e) The performance of other nursing acts, which are authorized or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

