



KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172
<http://kbn.ky.gov>

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

Approved Date: 2/2008

Revised: 12/2013; 4/2021

Editorial Revision: 1/2011; 5/2012,
12/2013; 4/2014; 5/2018; 6/2021

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.

The Kentucky Board of Nursing reviewed information related to the performance of cosmetic and dermatological procedures from a number of sources including other licensing agencies, other state boards of nursing, education providers, national nursing certification organizations, current literature, and practitioners.

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.

Licensed Practical Nurse (LPN)

It is within the scope of **licensed practical nursing (LPN) practice**, for the LPN who is educationally prepared and clinically competent to perform cosmetic and dermatological procedures (except sclerotherapy) under the 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.

Registered Nurses (RN)

It is within the scope of **registered nursing practice**, for the RN to perform cosmetic and dermatological 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.

Supervision

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 Board Opinion on Laser Surgery on the role of the physician in supervision of laser related activities. <https://kbml.ky.gov/board/Documents/Board%20Opinion%20Laser%20Surgery.pdf>
- 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, at each pretreatment session when applicable."

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.

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." See the Board's website at www.kbn.ky.gov for the complete statement.

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.

APRN Scope of Practice – Role and Population Foci

Per KRS 314.011 (8)"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; Certified Nurse Practitioner (CNP), Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM) and Certified Registered Nurse Anesthetist (CRNA), and who is certified in at least one (1) population focus. Per 201 KAR 20:057 Section 2. Population foci recognized by the Board include the following: Family Practice, Women’s Health, Pediatric (Primary and Acute), Adult-Gerontology (Primary and Acute), Neonatal, and Psychiatric Mental Health. The APRN who wishes to provide Aesthetic Services may do so provided the professional scope of practice indicates that such could be within their role and populations focus. Based upon a review of definitions, scope and standards, the table below indicates both the roles and population foci that would allow the advanced registered nurse practitioner to undertake the necessary training to become a competent and skilled aesthetic/cosmetic provider.

	Roles			
	Certified Nurse Practitioner (CNP)	Clinical Nurse Specialist (CNS)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)
	Yes-Certified Nurse Practitioners provide a range of health services, including the diagnosis and management of common as well as complex medical conditions to people of all ages.	Yes – Clinical nurse specialist may provide a range of health services including health promotion, health teaching, and disease prevention to a range of patients, from primary care to the acute and/or chronically ill.	Yes – Certified nurse-midwives (CNMs) encompasses a full range of primary health care services for women/individuals from adolescence beyond menopause.	Yes - Certified Registered Nurse Anesthetists (CRNAs) plan and deliver anesthesia, pain management, and related care to patients of all health complexities across the lifespan.
Population Foci				
Family/Across the Lifespan	yes	yes		
Women’s Health/Gender Related	yes	yes		
Adult-Gerontology	yes	yes		
Pediatric	Emancipated minors and those that are of the age of majority-yes	Emancipated minors and those that are of the age of majority-yes		
Neonatal	No	No		
Psychiatric Mental Health	No	No		

Best Practices

Upon review of the available literature, the following is a list of best practices recommended for advanced practiced registered nurses who are interested in providing cosmetic and dermatological procedures in a responsible, safe, and effective manner.

COSMETIC AND DERMATOLOGICAL PROCEDURES Best Practices

- Thorough understanding of anatomy and physiology
- Thorough understanding of the chemical properties and mechanism of action of all agents that are used in cosmetic and dermatological procedures
- Become familiar with the clinical trial design and outcomes that led to FDA approval for each product used in a practice setting
- Develop thorough understanding of which products utilized are on label and off label
- Thorough understanding of how to prevent, identify and manage complications associated with injectables.
- A physician or APRN with training and/or certification in cosmetic/dermatologic procedures who is on site should supervise novice injectors until injector is deemed competent.
- Retain a mentor that is willing to answer questions or provide guidance on an ongoing basis
- Thorough understanding of infection control
- Creation of policies and procedure to ensure infection control procedures are in place and followed; especially as it relates to rooms in which procedures will take place
- Creation of policies and procedures for individuals who experience an adverse outcome
- Continually seek out opportunities for professional development and networking in the area of cosmetic and dermatological procedures
- Avoid working in isolation
- Join a networking group (such as the International Society of Plastic and Surgical Nurses, American Academy of Dermatology, American Society of Cosmetic Dermatology and Aesthetic Surgery, American Med Spa Association...)
- Seek out opportunities to become certified to verify and validate competency for each patient
- Conduct a thorough history to ensure there are not changes in health prior to each treatment
- Conduct thorough “good faith” physical exam prior to each treatment
- Review treatment plan and discuss the plan at each visit
- Review informed consent; review benefits of treatment, risks and potential adverse outcomes
- Be prepared to turn away patients who have unrealistic expectation about a treatment plan or outcomes
- Be prepared to turn away patients who may not be good candidates to receive cosmetic treatment
- Be prepared to reschedule should a patient present with infections that could impact the scheduled treatment (sinus infection, dental infections, eye infections, skin infections....)

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. Nurses 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.

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; and
- 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 LPN scope of practice, may apply standing orders and protocols that have been prescribed.
- B. The prescribing/supervising qualified physician/qualified 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.
- E. In addition, evaluation and documentation of competence occurs on a periodic basis according to institutional policy.

Procedures Table – Level of Care

The following Procedures Table categorizes procedures based on the level of care of specific procedures and risk to the patient. It indicates the nurse who having obtained the necessary education and clinical competency, would be able to perform the task.

Level I: Nursing care procedures - patient/client personal care procedures, health maintenance and health promotion regimen, as incorporated into the patient/client's nursing plan of care. Procedures are Non-Invasive with a low risk for potential adverse affects. 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.

Level II: Medical Aesthetic Procedures, as ordered by a duly authorized prescriber for treatment of various dermatological conditions or for aesthetic purposes - Non-superficial/superficial, non-invasive depths, with a marginal risk for adverse affects.

Level III - Advanced Aesthetic Procedures - Procedure have varying depths and intensity. There is an increased potential for adverse affects. These procedures require specific training, clinical competence, and certification or licensure to perform. Direct Supervision by the physician or APRN who is qualified by advanced education and certification. Requires pain management, equipment to be FDA labeled and approved by medical director.

Procedures - Level - Type	Nurse		
	LPN	RN	APRN
Level I - Nursing Care Procedures - Cosmetic/aesthetic in Nature Patient Personal Care, Health Maintenance and Promotion - Non-invasive with low risk for potential adverse affects.			
Electricity Modalities			
Galvanic Current - skin care only	X	X	X
Thermolysis - skin care only	X	X	X
Iontophoresis	X	X	X
Cryoelectrophoresis	X	X	X
Electrotherapy	X	X	X
Cathodermie	X	X	X
Monopolar, bipolar (eg total body skin tightening)	X	X	X
Ultrasound			
Aesthetic procedures	X	X	X
Cavitation	X	X	X
Heat Therapy			
Saunas Thermolysis	X	X	X
Mechanical Modalities			
Exfoliation	X	X	X
<i>Microdermabrasion</i>	X	X	X
Dermaplane Exfoliation	X	X	X
Microneedling (maximum depth <0.5mm)	X	X	X
Lymphatic Drainage	X	X	X
Cellulite Treatment / Non-invasive fat destruction	X	X	X
Massage			
Hand to elbow, foot to knee	X	X	X
Face (non-therapeutic)	X	X	X
Full Body Massage (non-therapeutic)	X	X	X
Full Body Wraps	X	X	X
Topical Chemical Applications			
Exfoliation	X	X	X
Chemical Peels (light depth)	X	X	X
Hair Coloring & Perming	X	X	X

Procedures - Level - Type	Nurse		
	LPN	RN	APRN
Light Emitting Diodes (LED)	X	X	X
Application of Cosmetic Preparations			
Clean, manipulate & stimulate skin via facials, face masks, body wraps	X	X	X
Clean, manipulate & stimulate skin via paraffin wraps	X	X	X
Depilation (Hair Removal - Mechanical)			
Tweezing	X	X	X
Waxing	X	X	X
Threading	X	X	X
Sugaring	X	X	X
Beautification			
Dermablading	X	X	X
Eye lash enhancements (eg lash lift, lash extensions)	X	X	X
Manicures & Pedicures	X	X	X
Nail Care	X	X	X
Artificial Nails & Polish	X	X	X
Hair Dressing	X	X	X
Scalp Care (not including hair restoration)	X	X	X
Level II Intermediate Medical Aesthetic Procedures - Ordered by a Duly Authorized Prescriber for Treatment of Dermatological Conditions or Aesthetic Purpose - Non-superficial/superficial, non-invasive depths; marginal risk for adverse events			
Light			
Photo Dynamic Therapy with ALA [aminolevulinic acid or Levulan (Kerastick®)]	X	X	X
Ultrasound			
High intensity Frequency Ultrasound (HIFU) (eg Ulthera®)	X	X	X
Topical Chemical Applications			
Chemical Peels (medium depth)	X	X	X
Non-ablative for Hair Removal Only	X	X	X
Non-ablative for Treatment of Skin	X	X	X
Light			
Light Pulsed Light Therapy	X	X	X
Level III - Advanced Aesthetic Procedures - Procedure have varying depths and intensity. There is an increased potential for adverse events. Procedures that require specific training, clinical competence, and certification or licensure to perform. Direct Supervision by the physician or APRN is required. Requires pain management, equipment to be FDA labeled and approved by medical director.			
Laser & Light			
Laser - Total Ablative, Vaporizing, Laser Resurfacing (eg CO ₂ , Thulium®)		X	X

Procedures - Level - Type	Nurse		
	LPN	RN	APRN
Vaginal Rejuvenation (eg fractional CO ₂ , Erybium®, radiofrequency)		X	X
Microwave Technology Devices			
Hyperhidrosis (eg Miradry®, Mirasmooth®)		X	X
Fractionated Laser			
Ablative		X	X
Cosmetic Injectables			
Neuromodulators (botulinum exotoxins, eg. Botox®)	X	X	X
Tissue/Dermal Fillers/Tissue Volumizers (eg. Juvederm®, Restylane®, or Sculptra®)	X	X	X
Sclerotherapy		X	X
Plasma Rich Injectables		X	X
Tissue Alteration of Soft Tissue (absorbable threads eg PDO, PLLA)		X	X
Injectable Fat Ablation (eg Kybella® or deoxycholic acid)		X	X
Small Volume Micronized Fat Transfer		X	X
Mechanical			
Surgical Dermabrasion		X	X
Microneedling (0.5 mm & greater)		X	X
Microchanneling (eg. Dermafrac®)	X	X	X
Skin tag or benign skin lesion removal	X	X	X
Medication Therapy			
Hydration therapy/Vitamin Therapy		X	X
Hormone Pellets/Regenerative Medicine			X
Analgesic application of Nitrous Oxide for cosmetic/medical aesthetic procedures		X	X
Other Modalities			
Surgical Invasive Sustained High Temperature Radiofrequency (eg TheramiTight®)			X
Surgical Invasive Tissue Stabilized-Guided Subcissions/Tumescent Anesthesia (eg Cellfina®)			X

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.

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 is the advisory opinion of the Board that:

Nurses may implement qualified provider issued protocols and standing orders, including administration of medications, following nursing assessment. Protocols/orders are a set of predetermined criteria that define nursing actions in a given situation and should be written so that there is no doubt as to the requirements to implement the order(s). Protocols/orders should reflect interventions in response to side effects and adverse events related to implementation of the orders, and should include parameters for when the nurse is to consult the physician/provider. In addition, protocols and standing/routine orders should be officially approved by the facility medical and nursing staff, or approved by the prescriber for the individual patient.

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 issued Advisory Opinion Statement #41 RN/LPN Scope of Practice Determination Guidelines which contains the KBN Decision-Making Model for Determining Scope of Practice for RNs/LPNs, and published the APRN Scope of Practice Decision Making Model 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 KBN Decision-Making Model for Determining Scope of Practice for RNs/LPNs may be downloaded from the Board's website <https://kbn.ky.gov/practice/Documents/41%20KBN%20Decision-Making%20Model%20for%20Determining%20Scope%20of%20Practice%20for%20RNs-LPNs.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 or privileged 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 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.020, 218A.060, 218A.080, 218A.100, and 218A.120, under the conditions set forth in KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or before August 15, 2006. . . . 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 Scope and 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, advanced practice registered nurse, physician assistant, 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.

Reference:

Arizona State Board of Nursing, (2019). *Advisory Opinion: Medical Aesthetic Procedures by Licensed Nurses, Licensed Cosmetologist, Licensed Aestheticians, and Certified Laser Technologist*. Retrieved from <https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Medical%20Esthetic%20Procedures%20Performed%20by%20Licensed%20Nurses%20rev%2003.19.pdf>.