

NEVADA STATE BOARD OF NURSING

PRACTICE DECISION REGARDING COSMETIC PROCEDURES

The Nevada State Board of Nursing finds that it is within the scope of practice of a Registered Nurse to perform procedures which utilize:

- a. lasers and intense pulse light devices for skin rejuvenation and to remove hair, spider veins, and tattoos;
- b. dermabrasion to remove scarring, blemishes, or wrinkles;
- c. chemical peels;
- d. Botox injections;
- e. Dermal fillers;
- f. Skin rejuvenation including microdermabrasion and chemical peels;
- g. Sclerotherapy; and
- h. Mesotherapy/Lipodissolve.

These procedures are within the scope of nursing for a Registered Nurse provided the following guidelines are followed:

1. The nurse is competent to perform the procedure and has the documented and demonstrated knowledge, skill, and ability to perform the procedure pursuant to NAC 632.224 and 632.225.
2. There are agency policies and procedures and any required protocols in place for the nurse to perform the procedure.
3. The nurse is in compliance with licensure or certification by any other regulatory body (other than the Nevada State Board of Nursing) and has met all requirements established by any other regulatory agency which has authority over the procedure.
4. The nurse maintains accountability and responsibility for nursing care related to the procedure and follows the accepted standard of care which would be provided by a reasonable and prudent nurse. Cosmetic procedures are not a delegable task.
5. The use of any of these procedures does not authorize the licensed nurse to diagnose or prescribe. The nurse is following the physician/physician's assistant/advanced practitioner of nursing's orders and plan of care.
6. Clients have granted informed consent. In obtaining informed consent for a nursing intervention, the nurse shall provide the patient/client/family with the nature and consequences of any procedure, the reasonable risks (if any), possible side effects, benefits, and purposes of the procedure and any alternative procedures available.
7. If the nurse is not currently nationally certified in medical esthetics by the American Academy of Medical Esthetic Professionals, the nurse may administer the treatment only after the physician/physician's assistant/advanced practitioner of nursing has assessed the client and a plan of treatment has been determined. This plan shall include, but not be limited to, the location for injections; dosage, post procedure care and possible follow-up. The procedure is not performed

- independently. It is authorized pursuant to NAC 632.071 and is performed under the direct supervision of a physician/physician's assistant/advanced practitioner of nursing who is licensed in the state of Nevada and readily available by telephone within a 30-minute physical response time at the site where the procedure is performed and has the knowledge, skill, and ability to perform the procedure.
8. If the nurse is currently nationally certified in medical esthetics by the American Academy of Medical Esthetic Professionals, the nurse may administer treatment based on protocols created and approved by the prescribing practitioner and nursing. On-site supervision by the prescribing practitioner is not required for nationally certified registered nurses, although general supervision of a Medical Director is required.
 9. All nurses performing cosmetic procedures must be nationally certified or continuously progressing toward certification in medical esthetics by the American Academy of Medical Esthetic Professionals (AAMEP) effective January 1, 2012. Nurses who are working toward AAMEP national certification must work within the limited "competent RN" role until nationally certified.
 10. It is outside the scope of practice for any Registered Nurses to diagnose medical conditions, order procedures, or prescribe any medication or injectable substance. The Association of Medical Esthetic Nurses (AMEN) indicates that nurses who belong to AMEN and who specialize in minimally invasive, non-ablative esthetic procedures may practice under the general supervision of a Medical Director pursuant to protocols and standardized procedures (standing orders). They maintain that "on-site" supervision of nationally certified (AAMEP) nurses is not necessary when the nurse practices under up-to-date evidence based protocols to ensure optimal patient safety.

| Requirement for Specialized Scope | Competent RN | AAMEP Nationally Certified RN |
|---|---|---|
| Documented Knowledge, Skill, and Ability | x | x |
| Agency policies in place | x | x |
| Compliance with other regulatory body | x | x |
| RN is accountable and responsible for nursing care | x | x |
| Follows the prescribing practitioner's plan of care | x | x |
| Informed consent | x | x |
| This procedure is not performed independently. | Prior to administering any substance and/or procedure a prescribing practitioner (MD, DO, PA, or APN) has assessed the client and has determined the plan of care and written patient specific orders for the nurse to follow | May administer treatment based on protocols created and approved by the prescribing practitioner (MD, DO, PA, or APN) and the AAMEP nationally certified RN |

References: American Academy of Medical Esthetic Professionals, Position Statement

National Council of State Boards of Nursing web survey

Washington State Department of Health Position Statement: Administration of Botox and the Role of Licensed Nurses

Reviewed by the Nursing Practice Advisory Committee: December 4, 2002, April 14, 2004.

Approved by the Nevada State Board of Nursing: January 22, 2003.

Amended by the Nevada State Board of Nursing: May 19, 2004.

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Reviewed by the Nevada State Board of Nursing: July 22, 2010

Reviewed by the Nurse Practice Advisory Committee: October 5, 2010

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Rescinded by the Nevada State Board of Nursing: March 23, 2012