

ADVISORY  
OPINION

**OPINION:** Aesthetic Nursing  
**ADOPTED:** 10/2021  
**REPLACES:** Cosmetic and  
Dermatologic Procedures  
**REVISED:**  
**REAFFIRMED:**

This Nebraska Board of Nursing advisory opinion is issued in accordance with the Nebraska Nurse Practice Act, Neb. Rev. Stat. 38-2216 (2). As such, this advisory opinion is for informational purposes only and is non-binding. The advisory opinions define acts, which in the opinion of the board, are or are not permitted in the practice of nursing.

## Aesthetic Nursing

### INTRODUCTION

Aesthetic medicine has emerged as an extension of the field of plastic surgery with the advent of noninvasive and minimally invasive, non-reconstructive, nonsurgical procedures that can be administered by appropriately trained health care professionals within private practice settings (Jones, et.al, 2018).

*Aesthetic nursing* is the provision of aesthetic procedures, and associated nursing care by registered nurses (RNs) to implement a plan of care by a licensed practitioner (LP). Aesthetic nursing includes the practice of nurse practitioners (NPs), having authority to provide services under their own license in this state (Nurse Practitioner Practice Act, 2019). Aesthetic procedures performed by nurses "...are used both to improve overall appearance and to optimize the outcome of reconstructive surgical procedures. Additionally, these interventions may serve to rejuvenate and/or correct aesthetic concerns of the client and may also postpone effects of the aging process<sup>1</sup>" (American Nurses Association [ANA & International Society of Plastic and Aesthetic Nurses [ISPAN], 2020).

A LP is a person lawfully authorized to prescribe medications or treatments (Nurse Practice Act, Neb. Rev. Stat. §38-2209). For the purpose of this Advisory Opinion, LPs are NPs and physicians with credentials including board certification/specialty practice certification for their profession with relevant education, knowledge and competencies for aesthetic procedures.

### RECOMMENDATIONS

#### ***Public Safety and Protection***

***Aesthetic procedures performed by nurses are subject to the same standards for nursing practice as those driven by medical necessity.*** The Board of Nursing affirms the primary concern of the 2011 Joint Board Dermatological Workgroup for public safety and protection (DHHS, 2011). Aesthetic treatments and procedures are elective and patients self-refer to a practitioner of their choice for services. The lack of consistent standards for education and training in aesthetic nursing coupled with the rapid proliferation

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and ready-availability of products and services that may or may not be regulated (Jones, et. al, 2018) has resulted in confusion regarding nursing scope of practice and competency.

### ***Specialty/Subspecialty Practice***

***Aesthetic nursing practice is specialty/subspecialty practice within plastic surgery and dermatology (ANA & ISPAN, 2020; Dermatology Nurses Association [DNA], 2018).*** A nursing specialty encompasses a specific area of discrete study, research, and practice as defined and recognized by the profession (ANA, 2017). Competencies for nursing specialty practice build upon core nursing skills required for entry into practice. Registered nurses entering practice are encouraged to gain knowledge and develop skills associated with basic medical and surgical principals for at least one year in preparation for later specialization in aesthetic nursing (ANA & ISPAN, 2020).

Nurses performing aesthetic procedures are encouraged to obtain specialty practice certification in aesthetics/plastic surgery or dermatology. Certification is the formal recognition of knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes (American Board of Nursing Specialties, 2016).

The International Society of Plastic Surgical Nurses [ISPAN], 2015) recommends that nurses performing aesthetic procedures obtain and maintain certification as a Certified Aesthetic Nurse Specialist (CANS) or Certified Plastic Surgical Nurse (CPSN). The CANS candidate must meet requirements for collaboration or practice with a physicians board-certified in Plastic/Aesthetic Surgery, Dermatology, Facial Plastic Surgery (ENT) or Ophthalmology.

The DNA (2018) recognizes that dermatology nurses may subspecialize within the specialty of general dermatology in more focused areas, including aesthetics which requires specialized education and competencies. The omission of cosmetic-related knowledge, skills, and abilities from dermatology competencies defined by the DNA does not restrain or restrict experienced and trained dermatology NPs from performing these more advanced procedures (Bobonich & Nolen, 2018). Dermatology Nurse Certified (DNC) and Dermatology Certified Nurse Practitioner (DCNP) certifications are offered by the Dermatology Nursing Certification Board (2019).

### ***Education and Training***

***Education and training, while important in the development of competency, does not expand nursing scope of practice.*** Nursing specialties rely on professional practice associations as the stewards of specialty nursing scope and standards of practice for focused practice competencies (ANA, 2017). Various titles and certificates of achievement conferred by vendors and commercial education entities, notwithstanding that the latter have a place in the acquisition of knowledge and competencies for aesthetic procedures, are not a substitute for peer-reviewed (DHHS, 2019) courses and continuing education, and board certification by professional nursing specialty practice associations.

### ***Nurse Practitioners Practice Alignment***

Nurse practitioners as advanced practice registered nurses (APRNs) bear full accountability for practice that is aligned with graduate education, board certification and licensed practice role with one or more population foci. The fundamental premise of practice alignment is that the APRN has the knowledge to differentially diagnose and manage most conditions/potential adverse outcomes that will be encountered for a particular patient population (Buppert, 2017). Practice alignment necessarily precedes procedural competencies.

Additional professional certification for specialty practice is strongly recommended. Specialty practice must also be aligned with the practice role and population foci established by certification for entry into practice and may require additional post-graduate education and corresponding national board

certification (APRN Consensus Workgroup and National Council of State Boards of Nursing, 2008), e.g., a Pediatric NP or Psychiatric-Mental Health NP who intends to provide aesthetic services, or a Women's Health NP who intends to provide services to men.

#### ***Not All-inclusive***

Recommendations in this document may not include all available procedures with aesthetic indications. The aesthetic industry is constantly evolving and changing. The Practice Committee is committed to periodic review of these recommendations for relevance to safe nursing practice.

#### ***Scope of Practice***

Nurses are referred to the Scope of Practice Decision-Making Framework (DHHS, 2017) for individual practice decisions, including:

- Treatments/procedures not identified in this document
- Treatments/procedures for conditions with overlapping cosmetic-aesthetic and medical indications, e.g., treatment of lower extremity varicosities
- Aesthetic procedures/technologies used to treat conditions with medical indications, e.g., vaginal laser or radiofrequency therapy

Nurses retain full responsibility and accountability for evidence-based practice and the acquisition of education/training and competencies for overlapping specialty/subspecialty practices, e.g., vascular or women's health. If procedural risks are comparable to those identified in this document, recommendations for supervision by a LP are the same.

#### ***Complex Interventions***

Aesthetic procedures are complex nursing interventions (172 NAC 99-002) and may not be delegated by RNs/NPs to unlicensed persons.

#### ***Conflict of Interest***

Conflict of interest is an inherent risk to ethical nursing practice in the provision of aesthetic procedures. Nurses and their employers are encouraged to establish policies for nursing practice that facilitate collaboration, safeguard professional integrity and establish public acceptability and trust (ISPAN, 2016a and 2018a). Professional performance standards for plastic surgery nurses identify competencies for ethical practice (ANA, 2020).

## **CLASSIFICATION**

The Practice Committee expanded a three-tiered procedural classification used in the Report of the Joint Board Dermatological Workgroup (DHHS, 2011) and by the Arizona Board of Nursing (2019). Treatments and procedures are grouped for similarity according to tissue involvement, known risks, education/training/competency requirements, as well as the response time and intervention that may be required by a LP to minimize adverse outcomes.

Registered nurses may only perform Level II and III-aesthetic procedures following assessment, diagnosis and prescription, and with supervision by a LP. Nurse practitioners perform procedures within scope of practice and under the authority of their own license in Nebraska (Nurse Practitioner Practice Act, 2019).

## AESTHETIC PROCEDURES

### LEVEL I – Superficial

Procedures within other licensees' scope of practice may not be performed by nurses (Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act, 2020; Cosmetology, Esthetics, & Body Art Advisory Opinions, 2021)

### LEVEL IIa&b – Intermediate

<b>Tissue Involvement</b>	Below the epidermis
<b>Assessment/Prescription by LP</b>	Required for each episode of care
<b>Minimum Supervision by LP</b>	Indirect for RN
<b>Risk of Adverse Outcomes</b>	Modest; may require consultation and possible referral to LP
<b>Informed Consent</b>	Required

### LEVEL IIa

	RN	NP
<b><i>Mechanical</i></b>		
Microdermabrasion	X	X
Microneedling/Percutaneous Collagen Induction Therapy (>.05 mm needle)	X	X
<b><i>Light</i></b>		
Topical Photodynamic Therapy (PDT), e.g. Levulan Kerastick®	X	X
Infrared, Magenta and Ultraviolet Light (UV) Light Therapies	X	X
<b><i>Ultrasound</i></b>		
High-Intensity Focused Ultrasound (HIFU) Micro-focused Ultrasound	X	X
Micro-Focused Ultrasound, e.g. Ultherapy®	X	X
<b><i>Chemical</i></b>		
Medium Peels e.g., trichloroacetic acid (TCA)	X	X
<b>LEVEL IIb + Laser Certification</b>		
Epilation (Hair Removal) is limited to FDA-approved devices		
<b><i>Light</i></b>		
Intense Pulsed Light (IPL) (500-1200 nm)	X	X
<b><i>Laser</i></b>		
Including ruby, alexandrite, diode and Nd:YAG (up to 1064 nm)	X	X

<b>LEVEL IIIa&amp;b – Advanced</b>		
<b>Tissue Involvement</b>	Variable	
<b>Assessment/Prescription by LP</b>	Required for each episode of care	
<b>Minimum Supervision by LP</b>	Direct for the RN	
<b>Risk of Adverse Outcomes</b>	Highest relative risk; LP must be on site and able to provide immediate assessment and treatment	
<b>Informed Consent</b>	Required	
<b>LEVEL IIIa</b>		
	RN	NP
<b><i>Mechanical</i></b>		
Microneedling/Microchanneling, e.g., Dermafrac®	x	x
<b><i>Chemical</i></b>		
Deep Peels, e.g., carbolic acid (Phenol) or high-strength trichloroacetic acid (TCA)	x	x
<b><i>Injectables</i></b>		
Neuromodulators/Neurotoxins—botulinum exotoxins, e.g., Botox®, Dysport®, Xeomin®, Jeuveau ®	x	x
Tissue/Dermal Fillers/Tissue Volumizers, e.g., Juvederm®, Restylane® or Sculptra®)	x	x
Injectable Fat Ablation, e.g, Kybella®	x	x
Sclerotherapy	x	x
<b><i>Microwave Technology Devices</i></b>		
Hyperhidrosis, e.g., Miradry®, Mirasmooth®	x	x
<b><i>Energy</i></b>		
Radiofrequency	x	x
<b><i>Cryliposis</i></b>		
e.g., CoolSculpt®	x	x
<b>Level IIIb + Laser Certification</b>		
<b><i>Light</i></b>		
Intense Pulsed Light (IPL) (500-1200 nm)	x	x
<b><i>Laser</i></b>		
<b><i>Nonablative</i></b> , including alexandrite, diodes, erbium-doped, neodymiumdoped yttrium aluminum garnet (Nd: YAG), potassium titanyl phosphate (KTP), pulsed dye laser (PDL), ruby and dual wavelength combination (up to 1540 nm)	x	x
<b><i>Fractional Non-ablative</i></b> , including erbium-doped, erbium YAG, CO2 (up to 1550 nm)	x	x
<b><i>Fractional Ablative/Pigment Nonselective</i></b> , including erbium YAG, yttrium scandium gallium garnet (YSGG) (up to 2940 nm)	NO	x
<b>LEVEL IV—Not Minimally Invasive</b>		
Not within nursing scope of practice		
<b>Tissue Involvement</b>	Variable depth and surface area in close proximity to vital structures, including blood vessels and nerves	
<b>Risk of Adverse Outcomes</b>	Highest relative risk, requiring consultation for surgical intervention	
<b><i>Biostimulants</i></b>	NO	NO
Thread Lifts, barbed or smooth—polydioxanone, e.g., NovaThreads®		

## GENERAL REQUIREMENTS

**Supervision** is the provision of oversight and includes maintaining accountability to determine whether or not nursing care is adequate and delivered appropriately. Supervision includes the assessment and evaluation of client/patient condition and responses to the nursing plan of care, and evaluation of the competence of persons providing nursing care (172 NAC 99-002.18).

**Direct supervision** means that the responsible LP is physically present in the facility, and is available to assess, evaluate and respond immediately. Direct supervision does not mean that the responsible LP must be in the same room (172 NAC 99-002.18A).

**Indirect supervision** means that the responsible LP is available through periodic inspection and evaluation and/or tele-communication for direction, consultation and collaboration if requested by the RN (172 NAC 99-002.18B).

### ***Assessment/Orders***

A LP must assess and diagnose patients/clients for the appropriateness of Level II and III procedures performed by RNs and prescribe/provide orders for each episode of care. Diagnosis and prescription of medical treatment is outside the scope of practice of the RN in Nebraska (Nurse Practice Act, Neb. Rev. Stat. §38-2212).

### ***Episode of Care***

An episode of care is a series of unchanging treatments or procedures for a specific problem or condition during an established period of time. Nurses may utilize medical protocols developed by LPs for an episode of care.

### ***Protocols***

Acceptable protocols do not require judgement of therapeutic end points by the RN for changes in a procedure or process that has been prescribed by a LP, e.g., number of treatments, product dose ranges or equipment setting ranges. If protocols are used for an episode of care, the RN must be able to identify patient circumstances that are “off-protocol” and require intervention or a change in the plan of care by the LP. Protocols may also be used to initiate treatment for adverse outcomes or to assure consistency in a process, e.g., laser safety.

### ***Standing Orders***

Standing orders by LPs for aesthetic procedures are not acceptable.

### ***Policies and Procedures***

Employers/practice owners shall maintain written policies for Level II and III procedures with a minimum of a documented annual review by a LP. Policies and procedures shall be consistent with applicable professional standards of care, clinical guidelines and evidence-based practice. Policies and procedures shall include, but are not limited to:

- Patient/client selection
- Intake history and physical examination
- Informed consent
- Disclosure to clients regarding FDA approval and off-label use of products and devices
- Orders and protocols
- Education/training and competency assessment requirements
- Procedural techniques
- Emergency Kit/ Protocols

- Aftercare and client follow-up
- Documentation
- Consultation and referral to other health care professionals
- Participation in quality monitoring processes

## **EDUCATION/TRAINING/COMPETENCY ASSESSMENT**

Aesthetic procedures identified within nursing scope of practice in this advisory opinion require education and training beyond initial or entry level competencies for practice.

### ***Level I Procedures***

Level I procedures are limited to the scope of practice of licensed cosmetologists, electrologists, estheticians, nail technicians and body art technicians (Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act, 2020; Cosmetology, Esthetics, & Body Art Advisory Opinions, 2021) .

### ***Level II and III Procedures***

Nurses may perform Level II and III procedures after successful completion of education/training and demonstrated competency through a peer-reviewed (DHHS, 2019) aesthetic program, laser training school program and/or professional nursing association program(s). Vendor-sponsored education and training for products, devices/equipment and procedures are supplemental, and not to be substituted for peer-reviewed education.

Peer-reviewed education/training programs shall include the following:

A comprehensive didactic component and a supervised practicum where each procedure is evaluated by a licensed health care professional with credentials to provide education/training.

- Knowledge & understanding of anatomy, physiology, pathophysiology of the integumentary system, as well as, other systems that may be affected by a particular procedure
- Cosmetic and dermatologic conditions, including education in biophysics and tissue interactions
- Proper technique for each procedure including safe use of product, device and/or equipment
- Proper client selection, history taking, physical assessment parameters, indications and contraindications for treatment
- Informed consent
- Pharmacology including drug actions/interactions, side effects, contraindications and adverse effects
- Proper selection, maintenance and utilization of equipment, including Occupational Safety and Health Administration (OSHA) and American National Standards Institute (ANSI) standards as applicable, including laser certification
- Requires the nurse to demonstrate ability to articulate realistic and expected outcomes of the procedure
- Requires the nurse to demonstrate the ability to describe potential complications and adverse outcomes
- Nursing care requirements
- Management of complications or adverse outcomes, including indications for consultation and referral

- Infection control (e.g. sterile or strict aseptic techniques)
- Safety precautions

### ***Continuing Education and Competency Assessment***

Nurses must participate in ongoing peer-reviewed continuing education programs, as well as, competency validations and safety reviews on an annual basis.

### ***Documentation***

Employers shall maintain records of nurse credentials (licensure and board certification) and satisfactory completion, including certificates awarded for all education/training and continuing education, and competency validation/safety review checklists or other records.

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