



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs and NPs unless otherwise stated.

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Revised September 2020, first published as The Role of Registered Nurses in Cosmetic Procedures: BOTOX and Dermal Fillers, 2013

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Our practice support tools are developed using current reference material. The source of this material is available upon request.



This tool is a resource for nurses who currently provide or are considering providing aesthetic services to help them understand:

- What are considered aesthetic services
- Requirements to work as a nurse in medical aesthetic clinics
- The scope of practice of nurses working in medical aesthetic clinics
- The scope of practice and accountability of NPs providing medical aesthetic services
- When this practice can be counted towards nursing hours

Like all regulatory tools, use this document in conjunction with employer policy, applicable legislation and the standards of practice and code of ethics for LPNs, RNs and NPs.

What are aesthetic services?

[Aesthetic services](#) are the provision of specialized procedures for the purpose of cosmetic treatment such as, but not limited to, dermal fillers, volume enhancers, collagen stimulators, lipolysis and neuromodulators such as Botox.

Do I require additional education to work as a nurse in medical aesthetic clinics?

Nurses working in medical aesthetic clinics require additional education to attain and maintain the appropriate competencies. Additional education is required because entry-level nursing programs do not include education and training in this area of nursing practice. Nurses are expected to collaborate with their employer to obtain the necessary education and training to gain competence in the provision of aesthetic nursing services.

What should I consider when providing aesthetic services?

- Understand the difference between providing nursing care in the aesthetic practice context and providing aesthetic services.
- Recognize that aesthetic services are not benign procedures and pose potential risks to clients including an increased risk of morbidity.
- All clients require a/an:
 - initial assessment by a qualified NP or physician with the appropriate competence in aesthetic nursing/aesthetic medicine;
 - ongoing nursing assessments to determine whether they are achieving the intended outcomes, and;
 - subsequent assessment by a qualified NP or physician when they are not achieving the intended outcomes or there is a change in dosage.
 - authorizing mechanism such as, a direct prescriber order, a pre-printed order set specific to the client, or care directive is necessary to enable nursing practice.

What is the nursing scope of practice when providing aesthetic services to clients?

Nurses care for [clients](#) in the medical aesthetic context in [collaboration](#) with care providers who have the required [competence](#) in aesthetic or cosmetic treatments. As in all contexts, an [authorizing mechanism](#) must be in place and there must be an appropriate and [authorized prescriber](#) available for [consultation](#), which may include being available to assess a client on-site.

Nurses work within their designated scope of practice to care for clients and are obligated to consult and collaborate with an appropriate care provider when the needs of the client exceed their individual competence, [professional scope of practice](#), or when clients are not achieving outcomes as intended.

Licensed Practical Nurse scope of practice includes:

- Independent and autonomous practice when clients' needs are well defined as outlined in a nursing plan of care and the clients' responses to interventions are predictable and consistent over time.
- Participation in the development of the nursing portion of the plan of care.

Registered Nurse scope of practice includes:

- Independent and autonomous practice with all clients regardless of how defined the clients' needs are.
- Accountability to ensure every client's plan of care has a nursing component.

Nurse Practitioner scope of practice includes:

- Initial assessment of clients.
- Reassessing clients and providing new prescriptions if subsequent treatments of any cosmetic medication involves new injection sites or dosage adjustments.
- As an employer, ensuring the qualifications and ongoing competence of staff so they may practice safely in the medical aesthetic context.
- Understanding the differences in professional scopes of practice of the designations of nurses and assigning care accordingly.
- As a prescriber, prescribing subsequent treatments of neuromodulators and dermal fillers to be administered by qualified nurses with the competence to do so.

When must the authorized prescribers or nursing collaborator be available?

The availability of authorized prescribers and nursing collaborators will vary from context to context. The practice context will guide the need for collaboration based on a variety of factors that would need to be taken into consideration such as; treatment, client status and nursing experience.

Licensed Practical Nurses and Registered Nurses must:

- recognize when, and with whom they should collaborate;
- understand employer policy outlining contexts requiring additional prescriber consultation or nursing collaboration, and;
- know how to access authorized prescribers or nursing collaborators when needed.

What are my accountabilities to assess risk to the client?

Licensed practical nurses and registered nurses should recognize when the risk associated with a procedure, treatment plan, medication or situation is heightened. For example with initial dosages of medications, changes in medication dosages, new site and clients with a history of adverse or inconsistent response or reaction to previous treatments.

Nurses are accountable to:

- implement strategies before implementing the intervention, such as consulting or collaborating pre-intervention or ensuring they have access to a prescriber or collaborator if needed post intervention.
- follow established protocols to mitigate any risks to clients that may occur when an intervention has been implemented based on collaboration, such as accessing equipment, providing emergency intervention or transporting clients to an acute care facility if warranted.

- assess and evaluate the appropriateness of providing the intervention, as well as to assess their competence in performing the intervention safely and competently.
- ensure the plan of care remains appropriate for the client.
- to follow legislation and their nursing Standards of Practice to ensure they properly document the care they provide to clients, including assessment, intervention and client outcomes.

Can I count hours worked as a nurse providing aesthetic services towards my currency of practice hours?

Hours worked as a nurse providing aesthetic services may be counted as long as your practice meets the legislated definition of nursing services. Do not identify yourself as a nurse or advertise nursing services in publications or websites until you have confirmed that your practice meets this definition. To discuss this with an NSCN Registration Consultant please contact us at registration@nscn.ca.

Key Points

- Nurses working in medical aesthetic clinics require additional education to attain and maintain the appropriate competencies.
- Aesthetic services can pose potential risks to clients.
- Initial assessment by a qualified NP or physician with the appropriate competence in aesthetic nursing or aesthetic medicine is required.
- Subsequent assessment by a qualified NP or physician when clients are not achieving the intended outcomes.
- Nurses collaborate with an appropriate care provider when the needs of the client exceed their individual competence, professional scope of practice, or when clients are not achieving outcomes as intended.
- Nurses should recognize when the risk associated with a procedure, treatment plan, medication or situation is heightened.
- Nurses implement strategies to decrease risk to clients including consulting or collaborating pre-intervention or ensuring they have access to a prescriber or collaborator if needed post intervention.

Suggested Readings

- [Medication Guidelines for Nurses](#)
- [Documentation Guidelines for Nurses](#)
- [Self-Employed Practice Guideline for Nurses](#)

For further information on anything contained within this tool, please contact an NSCN Practice Consultant at practice@nscn.ca.