

## **COSMETIC MEDICAL PROCEDURES**

“..procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the sole intention of achieving what the patient perceives to be a more desirable appearance or boosting the patient’s self-esteem.”<sup>1</sup>

The mainstream use of cosmetic medical procedures should not be misinterpreted to mean that they are risk free. Client assessment, treatment decisions and the prescribing of cosmetic medical procedures including, but not limited to, the injection of Botox and dermal fillers, fall outside of the scope of Registered Nurse (RN) practice. To support such medical interventions the RN requires the direct involvement of a physician. The physician is responsible to obtain informed consent, establish an individualized treatment plan and write an order that includes dosage, location of injections and frequency/interval of administration. Changes to the treatment plan (new injection sites or different doses) require physician reassessment of the client.

### **Registered Nurses**

RNs have the knowledge, skill and judgement to administer medications and/or substances by injection when ordered by an authorized prescriber. Cosmetic medical procedures/techniques are not part of the entry-level preparation of RNs and should be considered post-entry level procedures (PELPs). For the safety of clients, RNs should not perform any PELP before receiving relevant education and having demonstrated competence.<sup>2</sup>

Cosmetic medical procedures can take place in various settings, provided that appropriate medical support is readily available to manage potential side effects. The presence of the physician is not always required when RNs perform cosmetic medical procedures; however, irrespective of the setting, due to potential risks, the physician must be present on site for initial injections of Botox and for all injections of dermal fillers.<sup>3</sup>

### **Nurses Practitioners (NPs)**

Given the elective nature of cosmetic medical procedures, they fall outside the mandate of primary health care. Consequently, they are outside the scope of primary health care NP practice and should not be ordered or performed as part of NP practice.

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<sup>1</sup> Australian Health Ministers’ Advisory Council. (2011). *Cosmetic Medical & Surgical Procedures: A National Framework*.

<sup>2</sup> Additional information can be found in NANB’s document *Examining Requests for Post Entry-Level Procedures*.

<sup>3</sup> See statements from the College of Registered Nurses of Nova Scotia and the College of Physicians & Surgeons of Nova Scotia.