

## Policy Statement

# Nurse Practitioners' Scope of Practice Related to Cosmetic Procedures: BOTOX and Dermal Fillers

## Introduction

This document sets out the scope of practice regulatory parameters for nurse practitioners (NPs) when providing care for clients receiving injections of BOTOX and dermal fillers

## Background

The [Registered Nurses Act](#) and [Registered Nurse Regulations](#) require nurse practitioners to [notify the College of Registered Nurses of Nova Scotia](#) (the College) when nurse practitioners are anticipating a change to their client population or practice setting. This would apply to nurse practitioners who are caring for a new client population requiring BOTOX and/or dermal filler treatment. The College's Nurse Practitioner Committee, a committee of peers, is accountable for conducting the competence assessment to confirm that the NP has obtained the required competency (education and experience) prior to the nurse practitioner engaging in this practice. Nurse practitioners are expected to engage in ongoing professional development activities designed to maintain and increase their levels of knowledge and skill associated with cosmetic medical procedures.

## Policy

Cosmetic procedures are not part of the nurse practitioner education program. Therefore, NPs require additional education and experience in order to independently:

1. Assess the client including health history, physical examination including. contraindications of treatment, discussion of client goals, appropriateness of treatment, determination of injection sites.
  - a. Obtain informed consent from the client ensuring they understand the associated risks and benefits of treatment.
  - b. Provide counselling and education on self-management post BOTOX/dermal filler treatment.
  - c. Administer treatment using BOTOX and/or dermal fillers according to best practice.
  - d. Manage any potential complications/adverse reactions to treatment.
  - e. Schedule follow-up visits to assess and document the effectiveness of treatment.
  - f. Document each client encounter, recording the dosage, location of injection(s), and client response to the treatment.
  - g. Consult on cosmetic procedures with the collaborating physician, when necessary.

2. NPs have the authority to prescribe pharmaceuticals, in accordance with the *Registered Nurses Act and Regulations*, their licence, competencies, standards of practice and approved authorized practices for pharmaceuticals which include BOTOX and dermal fillers.
3. When NPs are prescribing BOTOX and dermal fillers the following statements would apply:
  - a. When prescribing BOTOX for administration by a registered nurse, the NP must be present during the initial injection and must be readily available during subsequent treatments for consultation.
  - b. For subsequent treatments of BOTOX that involve new injection sites or different doses, the NP must reassess the client and provide a new prescription.
4. NPs must be on site during the initial and subsequent injection of dermal fillers because of the increased risk associated with this treatment.
5. The nurse practitioner can prescribe subsequent treatments of BOTOX and dermal fillers to be administered by qualified registered nurses with the appropriate additional education.
6. The nurse practitioner must provide a written care directive which includes an algorithm that describes the dosage, location of the injection(s) and indications for injection.
7. The nurse practitioner must be readily available to consult on the treatment that they have authorized and that the plan of care is appropriate.

Two additional publications that NPs should review related to these cosmetic procedures are:

The College of Registered Nurses of Nova Scotia (CRNNS) position statement: [\*The Role of Registered Nurses in Cosmetic Procedures: Botox and Dermal Fillers \(2013\)\*](#).

The College of Physicians and Surgeons of Nova Scotia (CPSNS) policy document: [\*Policy Regarding Care Directives in Aesthetic Medicine \(2013\)\*](#). This document describes requirements for the establishment and implementation of a care directive for these clients.