



College of Registered Nurses
of Nova Scotia

Position Statement

The Role of Registered Nurses in Cosmetic Procedures: BOTOX and Dermal Fillers

Introduction

The number of clients who receive cosmetic procedures in Nova Scotia is on the rise. In view of this increase, the College of Registered Nurses of Nova Scotia (‘the College’) wishes to set out the regulatory parameters for registered nurses when providing care for these clients. These procedures include but are not limited to injections of BOTOX and dermal fillers. Registered nurses are not taught to perform cosmetic procedures in basic nursing programs and require a post-entry level competency. Post-entry level competencies require additional education and experience to ensure that the RN is competent. The RN also must follow a physicians’ order to carry out the procedure.

Cosmetic procedures involving BOTOX and dermal fillers are not benign procedures and pose potential risk to clients including an increased risk of morbidity. Appropriate medical support must be readily available to deal with potential side effects, which could occur and require interventions that are outside of the scope of practice of the registered nurse performing the procedure.

The College’s Position Statement has been developed to be consistent with the College of Physicians and Surgeons of Nova Scotia’s (CPSNS) policy document titled, “Policy Regarding Care Directives in Aesthetic Medicine”, which describes requirements for the establishment and implementation of a care directive for these clients (March, 2013). http://www.cpsns.ns.ca/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=71&PortalId=0&TabId=180

Care Directives

A care directive is an order written by an authorized prescriber for an intervention or series of interventions to be implemented by a registered nurse for a range of clients with identified health conditions, only when specific circumstances exist. The purpose of a care directive is to provide safe, timely, effective and efficient client care using the expertise of the authorized prescriber and the registered nurse who must use discretion and judgment when implementing the care directive. The care directive must outline interventions within the scope of practice of the registered nurse. Care directives must be approved for each organization by an approval body or committee, which at a minimum should consist of an authorized prescriber, a registered nurse (or other health-care provider) and other content experts as appropriate.

It is important to note that although the registered nurse may be authorized to perform a specific care directive s/he is always accountable to judge the appropriateness of implementing the intervention in a given situation. Factors influencing whether a registered nurse should implement a care directive are fully described in the College’s document titled, “Care Directives: Guidelines for Registered Nurses”. <http://crnns.ca/documents/CareDirectives.pdf>

The College’s Position

Registered nurses have the education and legislated authority to administer medications and/or substances by injection. However, a physician’s order is required before a registered nurse can administer medications and/or substances, including BOTOX and dermal fillers.

Physicians prescribing cosmetic procedures using a care directive maintain ultimate responsibility for the outcomes of these procedures regardless of the nature of the procedure or the type of facility in which they are performed. The RN maintains accountability for their decision to carry out the care directive for the particular client and for their competence in performing the procedure safely and competently.

All clients requesting cosmetic procedures must initially be seen by the physician, who assesses the client, explains the risks and contraindications, obtains informed consent, marks the injection sites and prescribes the dosage. The physician must be on site for the initial injection of BOTOX.

For subsequent treatments, the registered nurse can administer BOTOX and dermal fillers by following a written care directive that includes an algorithm describing the dosage, location of the injection(s) and indications for injection. However, the physician must be readily available to consult on the treatment they have authorized. It is recommended that the care directive outline when further assessment by a physician is required.

- **BOTOX** – the physician must be readily available for consultation, but not necessarily be on site. However, for subsequent BOTOX treatments that involve new injection sites or different doses, the physician must re-assess the patient.
- **Dermal Fillers** – the physician must be on-site during the initial and subsequent administration of dermal fillers because of the potential risks.

It is important that the registered nurse and physician regularly collaborate to ensure that the plan of care remains appropriate.

Nurses must have the appropriate competencies to perform the procedure. There must be an approved educational component which demonstrates that the RN has obtained and maintained the required competence to perform the procedures described in the care directive. Registered nurses 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.

NOTE TO READER: This Position Statement is intended as general advice to registered nurses and nurse practitioners and should not be construed as legal advice respecting specific employment or client situations. Registered nurses/nurse practitioners are always advised to consult with their employing agency, and where uncertainty remains, should obtain specific legal advice or further assistance through Policy, Practice and Legislation Services at the College of Registered Nurses at 902.491.9744 or 1.800.565.9744 ext. 224, or through the Canadian Nurses Protective Society at 1.800.267.3390.