POSITION STATEMENT ON LASER, LIGHT, and ENERGY THERAPY

INTRODUCTION

The International Society of Plastic and Aesthetic Nurses (ISPN) recognizes that registered nurses (RNs) of different professional and educational backgrounds frequently provide plastic and aesthetic services that include laser, light, and energy (LLE) therapy. Federal laws and state practice acts regulate how RNs may participate in the administration of LLE therapy (Caple & Schub, 2017). To promote and protect the safety and health of patients and the members of the health care team, plastic and aesthetic RNs performing LLE therapy must comply with regulatory mandates and should adhere to professional guidelines and national safety standards (Caple & Schub, 2017; Schub, 2017).

RATIONALE

Supporting safe LLE therapy practices is consistent with the mission of ISPN. Laser, light, and energy therapy can be an effective intervention to improve or treat different skin conditions, but it also poses a threat to the safety of the patient and members of the health care team. Adherence to regulations, professional guidelines, and safety standards that have been developed to protect individuals involved in LLE therapy treatments is strongly recommended by ISPN.

ISPN RECOMMENDATIONS

The plastic and aesthetic RN must

- Adhere to federal, state, and local regulations related to the use of medical devices, including lasers (Caple & Schub, 2017).
- Practice within the RN or Advanced Practice RN scope of practice as defined by state boards of nursing (Brennan, 2015; Caple & Schub, 2017; ISPN, 2018).

The plastic and aesthetic RN should

- Adhere to professional guidelines and national safety standards for safe laser use (e.g., ANSI Z136.1: Safe use of lasers).
- Practice within the limitations of the individual’s training, education, competency,
and certification (ISPAN, 2018).

- Obtain appropriate education and skills related to use of LLE therapy-related technologies for medical purposes including
  - Relevant anatomy and physiology
  - Biophysics and tissue interactions
  - Clinical applications
  - Patient care and management
  - Adverse events, and
  - Patient and environmental safety (Durant, 2015; ISPAN, 2018).
- Obtain and maintain certification as a Certified Aesthetic Nurse Specialist (CANS) or Certified Plastic Surgical Nurse (CPSN; ISPAN, 2018).
- Practice in collaboration with a physician who is board certified in Plastic and Aesthetic Surgery, Ophthalmology, Dermatology, or Facial Plastic Surgery (ENT). Many LLE therapy procedures are prescribed therapies that must be performed by a nurse practitioner or physician or by an RN under the supervision of a nurse practitioner or physician (Caple & Schub, 2017; ISPAN, 2018).
- Document the LLE therapy consultation, review of medical history and medications, and informed consent for procedures (Caple & Schub, 2017; ISPAN, 2018).
- Obtain patient consent and take baseline and post-treatment photographs (ISPAN, 2018). Provide patient and family education related to LLE therapeutic procedures and assess whether the patient or family members require special communication considerations (e.g., certified medical interpreters, educational materials; Caple & Schub, 2017).
- Ensure that policies and procedures are in place in the facility and reviewed at established intervals by interprofessional team members with oversight of the LLE therapy program (Brennan, 2015).

REFERENCES


**DISCLAIMER**

These clinical practice guidelines and/or recommendations and/or other guidance published herein are provided by the International Society of Plastic and Aesthetic Nurses to assist practitioners in clinical decision-making. The information should not be relied upon as being complete and should not be considered inclusive of all proper treatments, methods of care, or as a statement of the standard of care. All guidelines and recommendations require periodic revision to ensure that clinicians utilize appropriate procedures, and that the materials encompass the recent critical review of literature and expert opinion. The reader must realize that clinical judgment may justify a course of action outside of the recommendations contained herein.

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