POSITION STATEMENT ON SCOPE OF PRACTICE FOR THE PLASTIC AND AESTHETIC REGISTERED NURSE

INTRODUCTION

The International Society of Plastic and Aesthetic Nurses (ISPAN) strongly supports health care professionals maintaining patient safety by practicing within established scopes of practice. When a practitioner does not possess the necessary education, training, and experience to safely and effectively perform a task or procedure, it can result in a patient’s injury or death (Owsley, 2013). The practitioner must also be competent in providing the care required in an emergency situation that arises as a result of the procedure and be prepared to accept accountability (Hartigan, 2016). Evidence suggests that the quality of patient care improves with the provision of care by a licensed individual (Owsley, 2013). In order to ensure the delivery of high-quality and safe patient care, members of the multidisciplinary team must practice exclusively within the scope of practice determined by their education, training, experience, and public policy.

RATIONALE

Supporting safe care of plastic surgery and aesthetic patients is consistent with the mission of the ISPAN. Registered nurses (RNs) must comply with practice standards and specifications set forth by federal and state regulatory bodies, including individual state boards of nursing and by institutional policies and procedures (ISPAN, 2016; Owsley, 2013). Additionally, RNs must advocate for their patients to ensure that procedures encompassed by the RN scope of practice are performed by RNs. To protect the specialty of plastic surgical nursing, plastic surgery and aesthetic RNs should refuse to “relinquish our leadership” in the care of the plastic surgery patient (Slade & Grant-Kels, 2013, p. 779).

ISPAN RECOMMENDATIONS

The plastic and aesthetic RN must

- practice within parameters defined by individual State Boards of Nursing (ISPAN, 2016).
- ensure compliance with state and federal regulations when supervising non-licensed practitioners providing patient care in the clinical setting (Dermatology Nurses Association, n.d.; ISPAN, 2016).
- oppose the delegation of any task that requires diagnosis or the prescription or delivery of medical treatments to unqualified individuals. The scope of plastic surgical or nonsurgical aesthetic nursing does not include medical diagnosis or treatment (Slade & Grant-Kels, 2013).
- participate in large-volume, surgical autologous fat-grafting procedures in an assistive capacity only. Autologous fat grafting is a medical procedure requiring extensive surgical education and training (Zielins, Brett, Longaker, & Wan, 2016).

The plastic and aesthetic RN should
- adhere to institutional policies that may further restrict the scope of practice delineated at the state or federal level (ISPAN, 2016).
- ensure compliance with institutional policies when supervising non-licensed practitioners providing patient care in the clinical setting (Dermatology Nurses Association, n.d.; ISPAN, 2016).

Plastic surgical and nonsurgical aesthetic nurses can use the ISPAN RN Scope of Practice Decision Tree to determine whether a particular task is within their scope of practice.
ISPAN RN SCOPE OF PRACTICE DECISION TREE

Are there any prohibitions or restrictions from the state board of nursing against RNs performing the task?

YES → Do not perform

NO

Does the health care organization's job description, policies and procedures, or credentialing documents prohibit RNs from performing the task?

YES → Do not perform

NO

Are there any established organizational or community precedents against RN's performing the task?

YES → Do not perform

NO

Does the RN possess the requisite knowledge and skill to perform the task correctly and safely?

NO → Do not perform

YES → Does the task require oversight by a physician?

YES → Perform with physician oversight

NO → Perform independently

NO
REFERENCES


DISCLAIMER

These clinical practice guidelines and/or recommendations and/or other guidance published herein are provided by the ISPAN 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.

Drafted:

Revised:

Approved by ISPAN Board of Directors: