



WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC)
August 6, 12:00 p.m. to 1:00 p.m.

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United States: +1 (253) 215-8782

Meeting ID: 863 7463 1831

**Committee
Members:**

Ella Guilford, MSN, M.Ed., BSN, RN, Chair
Quiana Daniels, BSN, RN, LPN, Member
Heleena Hufnagel, MBA-HCA, BS, Member
Tiffany Randich, RN, LPN, Pro Tem
Tamara Green (Pro-Tem), BA, RN, PMH-BC

Staff Members:

Shana Johnny, DNP, RN, Nursing Practice Consultant
Seana Reichold, Staff Attorney
Luis Cisneros, Staff Attorney, Ad Hoc
Deborah Carlson, MSN, RN, Nursing Practice Director, Ad Hoc
Holly Palmer, Health Services Consultant

Questions:

Please contact us at 360-236-4703 if you:

- Have questions about the agenda.
- Want to attend for only a specific agenda item.
- Need to make language or accessibility accommodations.

Language and Accessibility:

If you plan to attend and need language or accessibility services, WABON can arrange help. Please contact us at least one week before the meeting, but no later than January 23, 2025.

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Meeting Minutes:

WABON records meetings to help write accurate minutes. Minutes are approved at the WABON business meeting. WABON posts minutes on our website [Meetings | WABON](#).

All minutes and recordings are public records. They are available on request from the Department of Health (DOH) at [Public Records | WA DOH](#).

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August 6, 2025, 12:00 p.m. to 1:00 p.m.

I. 12:00 PM Opening – Ella Guilford, Chair

- A. Call to Order: Ella Guilford
- B. Public Disclosure Statement: Ella Guilford
- C. Introductions of Members, Staff, and Public: Ella Guilford/Shana Johnny

II. Standing Agenda Items

- A. Announcements/Hot Topic/WABON Business Meeting Update
- B. Review of Draft Minutes: June 18, 2025

III. Old Business

- A. Co-Chair request-Debbie
- B. Dermatologic, Aesthetics, and Cosmetic Procedure Advisory Opinion
Revision: ACTION
Situation: The advisory Opinion draft summarizes the scope of practice for RNs and LPNs in performing dermatologic, aesthetic, and cosmetic procedures.
Background: Receiving numerous questions about nurses performing dermatologic, aesthetic, and cosmetic practices and concerns regarding discipline cases/complaints in this specialty area including private practices specific to medical spas/wellness centers, and IV hydration businesses.
Assessment: The advisory opinion addresses practice expectations for RNs and LPNS when engaging in dermatologic, aesthetic, and cosmetic procedures including expectations and requirements when starting a business.
Recommendation: Submit draft to WABON.
- C. Dermatologic, Aesthetics, and Cosmetic Procedure Advisory Opinion
FAQs: ACTION
Situation: The FAQs summarizes the scope of practice for RNs and LPNs in performing dermatologic, aesthetic, and cosmetic procedures.
Background: Receiving numerous questions about nurses performing dermatologic, aesthetic, and cosmetic practices and concerns regarding discipline cases/complaints in this specialty area including private practices specific to medical spas/wellness centers, and IV hydration businesses.
Assessment: These FAQs provide additional guidance with a link to the advisory opinion for RNs and LPNs when engaging in dermatologic, aesthetic, and cosmetic procedures.
Recommendation: Submit draft to WABON.
- D. Uniform Telehealth Act FAQs-RN and LPN: ACTION
Situation: The Telehealth FAQ draft clarifies new laws under Chapter 18.134 RCW Uniform Telehealth Act, addresses concerns about

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out-of-state RNs providing telehealth services, and ensures alignment with updated legislation.

Background: The new law, Uniform Telehealth Act, stipulates telehealth standards, responsibilities, and exceptions (Chapter 18.134 RCW).

Assessment: The revised FAQs incorporate streamlined responses to frequently asked questions specific to the Uniform Telehealth Act.

Recommendation: Submit drafts to WABON.

E. Telemedicine Training Requirements FAQs-RN and LPN): ACTION

Situation: The Telehealth Training Requirements FAQ draft clarifies requirements for training for RNs and LPNs who provide care using telehealth services.

Background: Telemedicine is a type of Telehealth. Telemedicine training is required for nurses who provide services using telemedicine.

Assessment: The revised FAQs incorporate streamlined responses to frequently asked questions specific to the Uniform Telehealth Act.

Recommendation: Submit drafts to WABON.

IV. New Business

A. Advisory Opinion Request: Federal Motor Carrier Safety Administration (FMCSA) Department of Transportation (DOT) Physical Examinations: ACTION

Situation: RN seeking clarification regarding the scope of practice of the RN who is certified by the FMCSA to independently perform DOT physical examinations.

Background: [49 CFR § 390.103 Eligibility Requirements for Medical Examiner Certification](#) from the FMCSA permits a health care professional who is licensed including an advanced registered practice nurse, doctor of chiropractic, doctor of medicine, doctor of osteopathy, physician assistant, or other medical professional authorized by state laws and regulations to perform physical examinations.

Assessment: The federal and state laws/rules are unclear as to whether the RN is qualified to be certified by the FMCSA to perform DOT physical examinations.

Recommendation: Submit formal request to WABON for consideration to develop an advisory opinion.

B. Informed Consent FAQs-RN: ACTION

Situation: The FAQs provide requirements, guidance, and resources for RNs in their role and responsibilities in obtaining informed consent.

Background: Staff receive questions regarding the RN's role and responsibility in obtaining informed consent when providing nursing care

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or carrying out medical regimens as directed by an advanced registered nurse practitioner, physician, or other health care practitioner.

Assessment: The nursing laws and rules do not specifically address the RN's role and responsibility in obtaining informed consent when providing nursing care or carrying out medical regimens.

Recommendation: Submit request to WABON to approve FAQs.

C. Informed Consent FAQs-LPN: ACTION

Situation: The FAQs provide requirements, guidance, and resources for LPNs in their role and responsibilities in obtaining informed consent.

Background: Staff receive questions regarding the LPN's role and responsibility in obtaining informed consent when providing nursing care or carrying out medical regimens as directed by an advanced registered nurse practitioner, physician, or other health care practitioner.

Assessment: The nursing laws and rules do not specifically address the LPN's role and responsibility in obtaining informed consent when providing nursing care or carrying out medical regimens.

Recommendation: Submit request to WABON to approve FAQs.

- V. Public Comment** – This time allows for members of the public to present comments to the subcommittee. For issues regarding disciplinary cases, call 360-236-4713.

VI. Ending Items

- A. Review of Actions
- B. Meeting Evaluation
- C. Date of Next Meeting – October 7, 2025

VII. Adjournment



WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC) Minutes
June 18, 2025

12:00 p.m. to 1:00 p.m.

This was a virtual meeting. For a copy of the recording,
please visit the [Washington State Department of Health Public Records Website](#)

Committee Members:

Ella Guilford, MSN, M.Ed., BSN, RN, Chair
Quiana Daniels, BSN, RN, LPN, Member
Heleena Hufnagel, MBA-HCA, BS, Member
Tiffany Randich, RN, LPN, Pro Tem
Diana Meyer, DNP, RN, NEA-BC, FAEN, Pro Tem

Staff Present:

Shana Johnny, DNP, RN, Nursing Practice Consultant
Deborah Carlson, MSN, RN, Nursing Practice Director
Seana Reichold, Staff Attorney
Dennis Gunnarson, Administrative Assistant
Luis Cisneros, Staff Attorney, Ad Hoc
Marlin Galiano, MN, RN, Nursing Practice Consultant, Ad Hoc
Alison Bradywood, DNP, MN/MPH, RN, NEA-BC, Executive Director

Absent Members and Staff:

Margaret Holm, JD, RN, Ad Hoc
Tiffany Randich, RN, LPN, Pro Tem

I. Opening

- A. Ella Guilford called the meeting to order at 12:00 p.m. The Public Disclosure Statement was read for the meeting attendees. The Consistent Standards of Practice Subcommittee (CSPSC) members and support staff were introduced. Public attendees were offered an opportunity for introductions.

II. Standing Agenda Items

- A. Announcements/Hot Topic/WABON Business Meeting Updates:
1. WABON Advisory Opinion Procedure – Approved May 9, 2025
 2. Telehealth Advisory Opinion – Request to rescind approved May 9, 2025



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3. Request for a co-chair position: Debbie is checking with Seana to see if position requires an RN degree. Quiana Daniels requests more information about time commitments and expectations for this role. Ella requests we change the August meeting to Wednesday. Shana will reach out to the members to see if the next meeting should be changed to August 6th.

B. Review of Draft Minutes – April 1, 2025:

1. The subcommittee reviewed draft minutes, noted an incorrect date of the next meeting. The date will be revised. Members reached a consensus to take minutes to WABON for approval.

III. Old Business

A. School Delegation Advisory Opinion and FAQ revisions: Shana Johnny reviewed the new laws affecting the document and summarized the revisions.

- Diana Meyer noted the language about delegation exceptions on page four is confusing and unnecessary, as well as the statement regarding school nurses administering stock epi since they already know they can do so.
- Ella Guilford feels the statement should remain because nurses cannot administer medication without an order, and this exception allows them to access stock.
- Alison Bradywood suggested placing the statement in the background section rather than under delegation exceptions.
- Helena Hufnagel concurred with Diana Meyer, highlighting concerns from educators about medication delegation, responsibility for stock, and storage issues. Ms. Hufnagel suggested adding an FAQ on this topic.
- Shana will make minor revisions based on the suggestions. Sub-committee members reached a consensus to take the documents to WABON for approval.

IV. Prevention and Treatment of Opioid Overdose Medication (OORM) Advisory Opinion: Debbie Carlson reviewed minor changes affecting the document and summarized the revisions. Sub-committee members reached a consensus to take the document to WABON for approval.

V. Dermatological, Aesthetic, and Cosmetic Procedures Advisory Opinion and FAQ revisions: Debbie Carlson noted due to the volume of comments, more time is needed to discuss topic before bringing it to WABON.



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- VI.** Prioritization Tool: Shana and Diana provided an update on the changes in prioritization tools.

VII. New Business

- A. Telehealth Services and Telemedicine Training Requirements FAQs: Debbie Carlson provided an update on the revisions to both documents. Gail McGaffick indicated that telemedicine is not a requirement for nurses. There is confusion surrounding the terms "telemedicine" and "telehealth," especially since training is only associated with telemedicine, while telehealth is defined more broadly. More feedback is needed. Debbie Carlson is requesting additional time to address this topic before presenting it to WABON.

VIII. Public Comment

- A. Guests shared appreciation in hearing all the comments shared.
B. Shana Johnny will work on the August meeting date change.
C. Debbie will work on the co-chair question.

IX. Ending Items

- A. Review of Actions:
1. CSPSC Minutes Draft – Send to WABON for approval.
 2. School Delegation Advisory Opinion and FAQ – Send to WABON for approval.
 3. Prevention and Treatment of Opioid Overdose Medication (OORM) Advisory Opinion – Send to WABON for approval.
 4. Dermatological, Aesthetic, and Cosmetic Procedures Advisory Opinion and FAQ revisions – Held for further development.
 5. Telehealth Services and Telemedicine Training Requirements FAQs – Held for further development.
 6. Date of Next Meeting change will be confirmed by email.

X. Adjournment at 1:09pm



Advisory Opinion: Dermatological, Aesthetic, and Cosmetic Procedures
Effective Date: **TBD**
Supersedes: 5/14/2021
Rescinded: [Click to enter date rescinded.](#)
RN, LPN, NT, and NA: [Nursing Practice Inquiry](#)
ARNP: ARNPPpractice@doh.wa.gov Telephone: 360 236-4703

The Washington State Board of Nursing (WABON) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the WABON is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk. This advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.

Advisory Opinion: Dermatological, Aesthetic, and Cosmetic Procedures

Introduction

This advisory opinion addresses practice expectations for the registered nurse (RN) and licensed practical nurse (LPN) practicing dermatological procedures, including medical and surgical dermatology (diagnosis and treatment of skin diseases), aesthetic dermatology (enhancing appearance, beauty and artistry through reconstructive procedures) and cosmetic dermatology (enhancing appearance through products and procedures).

Background

This advisory opinion is a response to increasing inquiries from nurses and healthcare settings regarding scope of practice, and legal considerations for nurses performing dermatological, aesthetic, and cosmetic procedures such as intravenous (IV) therapy, biological therapy, and weight loss treatments while highlighting concerns about patient safety and legal risks. Questions also arise related to starting a business. Examples of business start-ups include medical spas, wellness centers, holistic care centers, salons, IV hydration bars, private practice clinics, and mobile clinics.

Legal Background

Nursing laws and rules provide the foundation for the nursing scope of practice but do not specifically address dermatologic, aesthetic, or cosmetic procedures. The *Summary of Applicable Laws and Rules – Dermatological, Aesthetic, and Cosmetic Nursing Practice Table (Page 6-12)* provides examples of laws and rules that apply to nursing scope of practice and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures.



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RN and LPN Scope of Practice

According to [RCW 18.79.240](#) and [18.79.260](#), RNs practice independently, performing procedures under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, advanced registered nurse practitioner, or midwife ([RCW 18.79.040 18.79.270](#)). They may delegate tasks as outlined in [Chapter 246-840 WAC](#).

LPNs work dependently or interdependently under the direction and supervision of the RN, direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, advanced registered nurse practitioner, or midwife ([RCW 18.79.060](#)). The LPN is allowed to give care in routine nursing situations. A routine nursing situation is one that is, “relatively free of complexity, and the clinical and behavioral state of the client is relatively stable, requires care based upon a comparatively fixed and limited body of knowledge ([WAC 246-840-705](#)). LPNs cannot delegate tasks.

Standards of Care

All nurses are accountable for the quality of nursing care they give to patients. Nurses are responsible for maintaining competency, obtaining supervision before implementing new procedures, documenting the care they give, and communicating with members of the health care team ([WAC 246-840-700](#)). The RN and LPN must follow the Health Care Information Act ([Chapter 70.02 RCW](#)).

Supervision

“Supervision of licensed or unlicensed nursing personnel means the provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action” ([WAC 246-840-010](#)).

Delegation Exceptions

The RN may delegate nursing care tasks to other individuals where the RN determines it is in the best interest of the patient ([RCW 18.79.260](#)). The LPN is not allowed to delegate tasks to assistive personnel (AP).



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The RN must:

- Determine the competency of the individual to perform the tasks.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the delegated task.
- Delegate only those tasks that are with the RNs scope of practice ([RCW 18.79.260](#))

The RN may delegate some nursing tasks to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) with limitations. [RCW 18.79.260](#) and [Chapter 246-841A WAC](#) define tasks that cannot be delegated including:

1. Administration of medications (with exceptions in community-based and in-home care settings).
2. Acts that require nursing judgment.
3. Sterile procedures.
4. Central line maintenance.
5. Any activity that involves puncturing or severing the skin except for capillary blood glucose tests.

The RN may delegate and supervise the medical assistant (MA) activities within the MA's scope of practice ([RCW 18.360 RCW](#) and [246-827 WAC](#)).

The RN is not allowed to delegate nursing care tasks to non-credentialed staff in a medical spa, wellness center, salon, IV bar, mobile clinic, home settings, or private clinic.

Conclusions and Guidance

The RN or LPN must adhere to the nursing laws and rules and clinical practice standards in any setting. The nurse must be knowledgeable and follow all other state and federal laws that may be applicable. WABON recommends the nurse use the [WABON Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

WABON recommends establishing facility policies for when a medical assessment and follow-up required and instructions to follow up with an [authorized health care](#)



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[practitioner](#) when there are concerns about the appropriateness of a care directive for a specific patient. If the nurse determines the care directive should not be implemented, an [authorized health care practitioner](#) must be notified, and the discussion and outcome(s) must be documented. Additionally, care directions should be established from an [authorized health care practitioner](#) to carry out interventions or administer medications in the event of unintended care outcomes.

Documentation and Communication

- The nurse must appropriately document the care they provide and maintain confidentiality following state and federal privacy laws and rules.
- Communicates (verbally and/or in writing) with other health care practitioners/health care team as appropriate.

Foundational Principles of Direction, Delegation, and Supervision

- RNs may independently perform these procedures under the direction of an [authorized health care practitioner](#).
- RNs may also administer or use over the counter medications or devices based on the nursing process without direction of an [authorized health care practitioner](#).
- LPNs may perform procedures under the direction and supervision of an RN or [authorized health care practitioner](#), limited to routine nursing situations that are relatively free of complexity, or may act as an assistant to an RN or [authorized health care practitioner](#).
- LPNs may administer or use over the counter medications or devices only under the direction and supervision of an RN or [authorized health care practitioner](#).
- RNs must understand delegation principles and follow state laws.
- RN delegation to the NA-R/NA-C specific tasks (if it is allowed in law).
- Maintain appropriate supervision standards for dermatologic, aesthetic, and cosmetic procedures.

Prescribing Medication, Therapies, or Treatments

The RN or LPN cannot make a medical diagnosis, determine medical treatment, or prescribe legend drugs, biologics, or medical devices. The RN or LPN may administer



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legend drugs, biologics, or use medical devices prescribed by an [authorized health care practitioner](#).

References and Resources

See the Summary of Applicable Laws and Rules Table for Additional References and References (Page 6).

Clinical Practice Guidelines

- [Plastic and Aesthetic Nursing Practice Standards: American Nurses Association](#)
- [Dermatology Nurses' Association](#)
- [International Society of Plastic and Aesthetic Nurses](#)



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Summary of Applicable Laws and Rules

Dermatological, Aesthetic, and Cosmetic Nursing Practice

The following are examples of laws and rules that apply to nursing and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures regardless of setting. These may not be inclusive.

WABON recommends consultation with a legal professional.

Registered Nurse	RCW 18.79.040: RN Practice RCW 18.79.240: Construction RCW 18.79.260: RN – Activities Allowed – Delegation of Tasks RCW 18.79.280: Medication, Tests, Treatments Allowed WAC 246-840-010: Definitions WAC 246-840-700: Standards of Nursing Conduct or Practice WAC 246-840-705: Functions of a RN and LPN WAC 246-840-835: Nurse Delegation – Blood Glucose Monitoring and Testing in Settings other than Community-Based and In-Home Care	<ul style="list-style-type: none">• Perform nursing assessment, diagnosis, care, and health education.• Allowed to administer legend drugs and medical treatments including those requiring piercing of tissue and independent nursing judgment as directed by an authorized health care practitioner within the RN’s scope of practice.• The authorized health care practitioner does not need to be physically present.• Practices nursing care independently and performs medical procedures interdependently and does not require supervision.• Allowed to delegate to the NA-C/NA-R and MA following the delegation process.
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Summary of Applicable Laws and Rules

Dermatological, Aesthetic, and Cosmetic Nursing Practice

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WABON recommends consultation with a legal professional.

Licensed Practical Nurse	RCW 18.79.060: LPN Practice – Defined - Exceptions WAC 246-840-010: Definitions WAC 246-840-700: Standards of Nursing Conduct or Practice WAC 246-840-705: Functions of a RN and LPN WAC 246-840-705: Functions of a RN and LPN	<ul style="list-style-type: none">• Practices interdependently when providing nursing care and dependently when performing medical procedures.• Perform activities under the direction and supervision of an RN or authorized health care practitioner.• Perform activities in a routine nursing situation that is relatively free of complexity, the clinical and behavioral state of the client is relatively stable, and requires care based upon a comparatively fixed and limited body of knowledge.• Allowed to administer legend drugs and medical treatments including those requiring piercing of tissue and independent nursing judgment within the LPN's scope of practice.• The authorized health care practitioner does not need to be physically present.• Not allowed to delegate to the NA-R/NA-C or MA in any setting.
Supervision Requirements and Exceptions	WAC 246-919-605: Use of Laser, Light, Radiofrequency, and Plasma Devices as Applied to the Skin WAC 246-919-606: Nonsurgical Medical Cosmetic Procedures	<ul style="list-style-type: none">• There is a requirement in the physician rules for nursing supervision by a physician when performing non-surgical cosmetic procedures or use of laser, light, radiofrequency, and plasma devices applied to the skin.



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Summary of Applicable Laws and Rules

Dermatological, Aesthetic, and Cosmetic Nursing Practice

The following are examples of laws and rules that apply to nursing and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures regardless of setting. These may not be inclusive.

WABON recommends consultation with a legal professional.

Prescriptive Authority	Chapter 69.41: Definitions	<ul style="list-style-type: none">RNs and LPNs cannot prescribe, administer, or dispense prescription medications, biologics, or medical devices unless directed by an authorized health care practitioner. They are allowed to follow patient-specific or population-based standing orders.
Informed Consent/Consent for Care	RCW 7.70.065: Informed Consent Chapter 26.28 RCW: Age of Majority WAC 246-919-605: Use of Laser, Light, Radiofrequency, and Plasma Devices as Applied to the Skin WAC 246-919-606: Nonsurgical Medical Cosmetic Procedures	<ul style="list-style-type: none">The Informed Consent law addresses informed consent but lacks specificity for dermatological procedures.Physician law stipulates the requirements for informed consent related to non-surgical cosmetic procedures or use of laser, light, radiofrequency, and plasma devices applied to the skin.The legal age of an adult is 18 years old. Unless there is an exception in the law, consent by the parent or legal guardian is required for individuals under 18 years of age.
Privacy and Confidentiality	Chapter 70.02 RCW: Medical Records – Health Care Information Access and Disclosure WAC 246-840-700: Standards of Nursing Conduct and Practice Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule	<ul style="list-style-type: none">Mandates confidentiality and privacy of health care information.The nursing rules require the nurse to protect confidential information.



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 RN, LPN, NT, and NA: [Nursing Practice Inquiry](#)
 ARNP: ARNPPpractice@doh.wa.gov Telephone: 360 236-4703

The Washington State Board of Nursing (WABON) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the WABON is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk. This advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.

Summary of Applicable Laws and Rules

Dermatological, Aesthetic, and Cosmetic Nursing Practice

The following are examples of laws and rules that apply to nursing and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures regardless of setting. These may not be inclusive.

WABON recommends consultation with a legal professional.

Medication Management	WAC 246-945-100: Compounding Minimum Standards eCFR: 21 CFR 205.50 Minimum Requirements for Storage and Handling of Prescription Drugs and for the Establishment and Maintenance of Prescription Drug Distribution Records	<ul style="list-style-type: none"> The nurse must follow U.S. compounding requirements. Compounded products are not approved by the Food and Drug Administration (FDA). The nurse must follow storage, handling, and documentation requirements for prescription drugs. Washington law does not prohibit the use of off-label drugs or biologics Off-label use occurs when an FDA-approved drug or biologic is used outside of its approved label.
Importation and Purchasing Drugs	RCW 18.64.450: Health Care Entity – License Requirements for Legend Drugs and Controlled Substances - Exception 21 U.S.C. 384 Drug Supply Chain Security Act (DSCSA): FDA	<ul style="list-style-type: none"> Pharmacy law outlines requirements for a health care entity regarding purchasing, administering, dispensing, and delivering drugs. A health care entity does not include an practitioner’s office or multi-practitioner clinic. The nursing law and other state laws do not address purchasing drugs from manufacturers or suppliers. RNs and LPNs are not allowed to purchase legend drugs or medical devices without a prescription from an authorized health care practitioner. Federal law defines requirements for importation of prescription drugs from other countries. Washington state currently has no waivers for importing drugs from other countries. DSCSA outlines requirements, and traces pharmaceutical products within the U.S. supply chain.



Advisory Opinion: Dermatological, Aesthetic, and Cosmetic Procedures
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Summary of Applicable Laws and Rules Dermatological, Aesthetic, and Cosmetic Nursing Practice <i>The following are examples of laws and rules that apply to nursing and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures regardless of setting. These may not be inclusive.</i> WABON recommends consultation with a legal professional.		
Workplace Safety	WA State Safety and Health Law Occupational Safety and Health Administration (OSHA) - Blood Borne Pathogens	<ul style="list-style-type: none"> Nurses must comply with state and federal laws and rules related to workplace safety.
Corporate Practice of Medicine	Chapter 18.100 RCW: Professional Service Corporations	<ul style="list-style-type: none"> An individual who does not hold a health care license may not own a business that employs health care professionals to provide health care services to the public.
Health Care Entity	RCW 18.64.450: Health Care Entity – License Requirements for Legend Drugs and Controlled Substances - Exception	<ul style="list-style-type: none"> A health care entity is an organization that provides health care services in a non-licensed setting that acquires or possesses legend drugs, with exceptions for individual and multi-practitioner offices unless licensed as a health care entity.
Staffing and Performance of Nursing Activities	Chapter 246-841A WAC: Standards of Practice and Competencies for Nursing Assistants RCW 18.360 RCW: Medical Assistants 246-827 WAC: Medical Assistants	<ul style="list-style-type: none"> NA-Rs/NA-Cs may perform basic and routine nursing care within their core competencies under the direction and supervision of an RN or LPN. The RN may delegate tasks to the NA-R/NA-C or MA. The RN may delegate and supervise MA activities within the MA's scope. The RN and LPN are not allowed to delegate tasks to non-credentialed staff in a medical spa, wellness center, salon, IV bar, mobile clinic, home settings, or private clinic.



Advisory Opinion: Dermatological, Aesthetic, and Cosmetic Procedures
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Summary of Applicable Laws and Rules

Dermatological, Aesthetic, and Cosmetic Nursing Practice

The following are examples of laws and rules that apply to nursing and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures regardless of setting. These may not be inclusive.

WABON recommends consultation with a legal professional.

Marketing and Advertising	Chapter 9.04 RCW: Advertising, Crimes Relating to Federal Trade Commission (FTC)	<ul style="list-style-type: none">• The nurse must comply with the state and federal laws to avoid misleading claims.• Washington state laws and rules do not prohibit RNs or LPNs from starting their own businesses including private practice clinics (such as medical spas, wellness centers, holistic centers, or mobile clinics), which do not require facility licensing.• WABON does not have the authority to oversee business requirements, facility requirements, or reimbursement for services.• Nurses may have a private contract with facilities or work through a staffing agency.
Entrepreneurship	Title 23B RCW: Washington Business Corporation Act	<ul style="list-style-type: none">• Washington State laws and rules do not address requirements for a medical director in a medical spa, wellness clinic, mobile, clinic, or private clinic.• Although the setting does not require a medical director, there must be a relationship between an authorized health care practitioner who is responsible for directing prescription treatments to the RN or LPN.



FREQUENTLY ASKED QUESTIONS (FAQs)

Category: Registered Nurse (RN)

Title: Dermatologic, Aesthetic, and Cosmetic Procedures

Can the registered nurse (RN) perform dermatologic, aesthetic, or cosmetic procedures?

Yes, it may be within the RN's scope of practice to perform dermatologic, aesthetic, or cosmetic procedures under the direction of an [authorized health care practitioner](#) or registered nurse

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the registered nurse (RN) administer laser treatment for dermatologic, aesthetic, or cosmetic procedures?

Yes, it may be within the RN's scope of practice to perform laser therapy for dermatologic, aesthetic, or cosmetic purposes.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Does the registered nurse (RN) require an aesthetician's license to perform laser treatment for dermatologic, aesthetic, or cosmetic procedures?

No, the RN doesn't require additional licensure as an aesthetician to perform laser therapy for dermatologic, aesthetic, or cosmetic purposes.



Does the registered nurse (RN) require a special certificate or approval by WABON to perform dermatologic, aesthetic, or cosmetic procedures?

No, the laws and rules do not require a special certificate to perform cosmetic or aesthetic. The nurse must be competent, and a certificate may be one method to demonstrate training, knowledge, skills, and abilities. A facility or employer may require a specific certification or training program.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the registered nurse (RN) administer neuromodulators, such as Botox®, Dysport®, or Xeomin®?

Yes, it may be within the RN's scope of practice to administer neuromodulators, such as Botox®, Dysport®, or Xeomin®, under the direction of [authorized health care practitioner](#). The nurse should be aware of the Washington Medical Commissions [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#).

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the registered nurse (RN) administer sclerosing solutions for sclerotherapy?

Yes, it may be within the RN's scope of practice to administer sclerosing solutions for sclerotherapy under the direction of [authorized health care practitioner](#). The nurse should be aware of the Washington Medical Commissions [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#).

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)



Can the registered nurse (RN) administer dermal fillers?

Yes, it may be within the RN's scope of practice to administer dermal fillers under the direction of [authorized health care practitioner](#). The nurse should be aware of the Washington Medical Commissions [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#).

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the registered nurse (RN) perform laser treatment for cosmetic purposes?

Yes, it may be within RN's scope of practice to perform laser therapy for cosmetic purposes under the direction of an [authorized health care practitioner](#). The nurse should be aware of the Washington Medical Commission's [WAC 246-919-605 Use of Laser, Light, Radiofrequency, and Plasma \(LLRP\) Devices as Applied to the Skin](#) requirements for physicians.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the registered nurse (RN) apply eyelash extensions?

Yes, it may be within the scope of the RN to apply eyelash extensions as an intervention based on nursing assessment and nursing diagnosis. The Food and Drug Administration (FDA) approves cosmetics. No color additives are approved by the FDA for permanent dyeing or tinting of eyelashes or eyebrows. False eyelashes and extensions, as well as their adhesives, must meet the safety and labeling requirements for cosmetics.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)



Can the registered nurse (RN) perform thermage?

Yes, it may be within the RN's scope of practice to administer thermage under the direction of an [authorized health care practitioner](#).

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the registered nurse (RN) perform facial chemical peels?

Yes, it may be within the RN's scope of practice to perform facial chemical peels under the direction of an [authorized health care practitioner](#).

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the registered nurse (RN) perform tattoo removal?

Yes, it may be within the RN's scope of practice to perform tattoo removal under the direction of an [authorized health care practitioner](#). The nurse should be aware of the Washington Medical Commission's [WAC 246-919-605 Use of Laser, Light, Radiofrequency, and Plasma \(LLRP\) Devices as Applied to the Skin](#) requirements for physicians.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the registered nurse (RN) administer regenerative injection therapy, such as stem cell therapy, platelet-rich plasma (PRP), platelet-rich fibrin, prolotherapy cartilage regeneration, or viscosupplementation?

Yes, it may be within the RN's scope of practice to administer regenerative injection therapy, such as stem cell therapy, platelet-rich plasma (PRP), platelet-rich fibrin, prolotherapy cartilage regeneration, or viscosupplementation under the direction of an [authorized health care practitioner](#). The nurse should be aware that not all regenerative



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injection therapies are approved by the Food and Drug Administration (FDA) and this means the biologic would be given “off-label”. “Off-label” means the prescribed use of a drug which is other than that stated in its FDA approved labelling ([WAC 284-30-450](#)). The nursing laws and rules do not prohibit administration of “off-label” biologics.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Understanding Unapproved Use of Approved Drugs "Off Label" | FDA](#)

[Important Patient and Consumer Information About Regenerative Medicine Therapies | FDA Biologics Guidance | FDA](#)

[Best Practice Standards for Stem Cell Medicine | International Cellular Medicine Society](#)
[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)



Title: Dermatologic, Aesthetic, and Cosmetic Procedures FAQ-LPN

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FREQUENTLY ASKED QUESTIONS (FAQs)

Category: Licensed Practical Nurse (LPN)

Title: Dermatologic, Aesthetic, and Cosmetic Procedures

Can the licensed practical nurse (LPN) perform dermatologic, aesthetic, or cosmetic procedures?

Yes, it may be within the LPN's scope of practice to perform dermatologic, aesthetic, or cosmetic procedures under the direction and supervision of an [authorized health care practitioner](#) or registered nurse.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the licensed practical nurse (LPN) perform laser treatment for dermatologic, aesthetic, or cosmetic purposes?

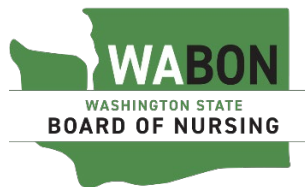
Yes, it may be within the LPN's scope of practice to perform laser therapy for dermatologic, aesthetic, or cosmetic purposes under the direction and supervision of an [authorized health care practitioner](#) or registered nurse ([RCW 18.79.060](#)).

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Does the licensed practical nurse (LPN) require an aesthetician's license to perform laser treatment for dermatologic, aesthetic, or cosmetic purposes?

No, the LPN does not require additional licensure under [Chapter RCW 18.16](#) as an esthetician to perform laser therapy for dermatologic, aesthetic, or cosmetic purposes within their existing scope of practice.



Title: Dermatologic, Aesthetic, and Cosmetic Procedures FAQ-LPN
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Does the licensed practical nurse (LPN) require a special certificate to perform dermatologic, aesthetic, or cosmetic procedures?

No, there is no law requiring a special certificate for an LPN to perform dermatologic, aesthetic, or cosmetic procedures within the nursing scope of practice. The nurse must be competent, and a certificate may be one method to demonstrate training, knowledge, skills, and abilities. A facility or employer may require a specific certification or training program.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the licensed practical nurse (LPN) administer neuromodulators, such as Botox®, Dysport®, or Xeomin®?

Yes, it may be within the LPN's scope of practice to administer neuromodulators, such as Botox®, Dysport®, or Xeomin®, under the direction of [authorized health care practitioner](#). The nurse should be aware of the Washington Medical Commissions [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#).

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the licensed practical nurse (LPN) administer sclerosing solutions for sclerotherapy?

Yes, it may be within the LPN's scope of practice to administer sclerosing solutions for sclerotherapy under the direction of [authorized health care practitioner](#). The nurse should be aware of the Washington Medical Commissions [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#).

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)



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Can the licensed practical nurse (LPN) administer dermal fillers, such as Juvederm®?

Yes, it may be within the LPN's scope of practice to administer dermal fillers, such as Juvederm®) under the direction of [authorized health care practitioner](#). The nurse should be aware of the Washington Medical Commissions [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#).

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the licensed practical nurse (LPN) perform laser treatment for cosmetic purposes?

Yes, it may be within LPN's scope of practice to perform laser therapy for cosmetic purposes under the direction and supervision of an [authorized health care practitioner](#). The nurse should be aware of the Washington Medical Commission's [WAC 246-919-605 Use of Laser, Light, Radiofrequency, and Plasma \(LLRP\) Devices as Applied to the Skin](#) requirements for physicians.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the licensed practical (LPN) apply eyelash extensions?

Yes, it may be within the LPN's scope of practice to apply eyelash extensions under the direction and supervision of an [authorized health care practitioner](#). The Food and Drug Administration (FDA) approves cosmetics. No color additives are approved by the FDA for permanent dyeing or tinting of eyelashes or eyebrows. False eyelashes and extensions, as well as their adhesives, must meet the safety and labeling requirements for cosmetics.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)



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Can the licensed practical nurse (LPN) perform thermage?

Yes, it may be within the LPN's scope of practice to administer thermage under the direction and supervision of an [authorized health care practitioner](#).

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the licensed practical nurse (LPN) perform facial chemical peels?

Yes, it may be within the LPN's scope of practice to perform facial chemical peels under the direction and supervision of an [authorized health care practitioner](#).

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

Can the licensed practical nurse (LPN) perform tattoo removal?

No, WABON determines that this is not in the LPN's scope of practice to perform tattoo removal. The LPN may assist an [authorized health care practitioner](#) or registered nurse in removing a tattoo within the LPN's scope of practice.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)

Can the licensed practical nurse (LPN) administer regenerative injection therapy, such as stem cell therapy, platelet-rich plasma (PRP), platelet-rich fibrin (PRF), prolotherapy cartilage regeneration, or viscosupplementation?

No, WABON determines that it is not in the LPN's scope of practice to perform regenerative injection therapy such as stem cell therapy, PRP, PRN, prolotherapy cartilage regeneration, or viscosupplementation. The LPN may assist an [authorized health care practitioner](#) or registered nurse in performing these activities within the LPN's scope of practice.



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WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

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[Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#)



FREQUENTLY ASKED QUESTIONS (FAQs)

Registered Nurse (RN)

Category: Uniform Telehealth Act

What is telehealth for the purposes of the Uniform Telehealth Act?

“Telehealth” *includes telemedicine* and means the use of synchronous or asynchronous telecommunication technology by a practitioner to provide health care to a patient at a different physical location than the practitioner. “Telehealth” does not include the use, in isolation, of email, instant messaging, text messaging, or fax ([RCW 18.134.010](#))

Can the registered nurse (RN) provide care using telehealth services with a multistate license (MSL) to patients in Washington State and in other member states and territories?

Yes, the RN with a MSL may provide care using telehealth services to patients in Washington State and other member states, if the RN is following the laws in the state where the patient is located ([RCW 18.80.020](#)). In addition, the RN must check with non-MSL states to determine if they can provide telehealth services to a patient in that state without a license in that state.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) licensed in another state without a Washington State or multistate license (MSL) provide telehealth services to a patient in Washington?

The Uniform Telehealth Act ([RCW 18.134.050](#)) allows the RN licensed in another state without a Washington state or MSL to provide telehealth services within their scope of practice to a patient temporarily in Washington State to ensure continuity of care under the direction of a health care practitioner as defined in [RCW 18.134.010](#) as long as the patient received treatment in the state where the practitioner is licensed. “Telehealth” does not include the standalone use of email, instant messaging, text messaging, or FAX ([RCW 18.134.010](#)).



Title: Uniform Telehealth Act-RN FAQ
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Can the registered nurse (RN) located in another country with a Washington State license provide telehealth services to a patient in Washington?

Yes, the RN located in another country with a Washington State nursing license may provide telehealth services to a patient in Washington State. The RN must follow all applicable laws and rules, such as taking the required telemedicine training ([RCW 43.70.495](#)).

Can the registered nurse (RN) follow standing orders when providing telehealth services?

Yes, the RN may follow standing orders when providing telehealth services following standing orders approved by an [authorized healthcare practitioner](#).
[Standing Orders Advisory Opinion](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, practice standards, and other applicable factors.

Does the registered nurse (RN) need to comply with privacy and confidentiality laws and rules when they are providing telehealth services?

Yes, the RN must comply with privacy and confidentiality laws and rules when they are providing telehealth services.

[Health Care Accountability and Portability Act \(HIPAA\)](#)

[Federal Education and Privacy Act \(FERPA\)](#)

[Healthcare Information Technology for Economic and Clinical Health Act \(HITECH\)](#)

[eCFR: 38 CFR 17.417 -- Health Care Providers Practicing via Telehealth](#)

Can the registered nurse (RN) provide direction and supervision to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) via telehealth modalities?

Yes, the RN may use telehealth modalities to provide direction and supervision to the NA-R/NA-C but must exercise nursing judgment to determine whether using telehealth is appropriate or, if face-to-face direction and supervision is required. The RN should evaluate the type of care being directed and prioritize patient safety when deciding on the type of supervision needed. Telehealth may not be appropriate in some circumstances. WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.



Can the registered nurse (RN) delegate tasks to assistive personnel (AP), such as a nursing assistant, using telehealth modalities?

Yes, the RN may use telehealth modalities to delegate tasks to AP (such as nursing assistants) following the nurse delegation process ([RCW 18.79.260](#)). The RN must:

- Determine the competency of the individual to perform the tasks.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the delegated task.
- Delegate only those tasks that are within the registered nurse's scope of practice.

The RN must exercise nursing judgment to determine what aspects of the initial, ongoing assessment, supervision, and evaluation need to be done face-to-face. Telehealth may not be appropriate in some circumstances.

Are there limitations to the setting where the registered nurse (RN) cannot use telehealth services to provide care?

No. State laws and rules do not limit the setting where the RN can use telehealth to provide care.

What resources are available related to telehealth?

Examples of resources related to telehealth include the following:

[Principles of Practice: Telehealth as an Imperative Modality of Care – American Telemedicine Association \(ATA\)](#)

[Best practice Guides: Telehealth – Human Health services \(HHS\)](#)

[Telehealth Educational and Training Standards – HHS](#)

[Telehealth Policy – HHS.gov](#)

[HIPAA Rules for Telehealth Technology – HHS](#)

[Licensure for Telehealth – HHS](#)

[Billing for Telehealth – HHS](#)

[What is Telehealth? – Center for Connected Health Care Policy \(CCHP\)](#)



Title: Telehealth FAQ-LPN

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FREQUENTLY ASKED QUESTIONS (FAQs)

Licensed Practical Nurse (LPN)

Category: Uniform Telehealth Act

What is telehealth for the purposes of the Uniform Telehealth Act?

"Telehealth" *includes telemedicine* and means the use of synchronous or asynchronous telecommunication technology by a practitioner to provide health care to a patient at a different physical location than the practitioner. "Telehealth" does not include the use, in isolation, of email, instant messaging, text messaging, or fax ([RCW 18.134.010](#)).

Can the licensed practical nurse (LPN) provide care using telehealth services with a multistate license (MSL) to patients in Washington State and in other member states and territories?

Yes, the LPN with a MSL may provide care using telehealth services to patients in Washington State and other member states, if the LPN is following the laws in the state where the patient is located ([RCW 18.80.020](#)). In addition, the LPN must check with non-MSL states to determine if they can provide telehealth services to a patient in that state without a license in that state.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) licensed in another state without a Washington State or multistate nursing license (MSL) provide telehealth nursing services to a patient in Washington?

The Uniform Telehealth Act ([RCW 18.134.050](#)) allows the LPN licensed in another state without a Washington state or MSL to provide telehealth services within their scope of practice to a patient temporarily in Washington State to ensure continuity of care under the direction and supervision of a health care practitioner as defined in [RCW 18.134.010](#) as long as the patient received treatment in the state where the practitioner is licensed. "Telehealth" does not include the standalone use of email, instant messaging, text messaging, or FAX ([RCW 18.134.010](#)).



Title: Telehealth FAQ-LPN

Effective: **TBD**

Supersedes: 5/8/2020, 3/18/2021

Rescinded:

[Nursing Practice Inquiry](#)

ARNPPPractice@doh.wa.gov

Telephone: 360 236-4703

Can the licensed practical nurse (LPN) located in another country with a Washington State license provide telehealth services to a patient in Washington?

Yes, the LPN located in another country with a Washington State nursing license may provide telehealth services to a patient in Washington State. The LPN must follow all applicable laws and rules, and practice standards, such as taking the required telemedicine training ([RCW 43.70.495](#)).

Can the licensed practical nurse (LPN) follow standing orders when providing telehealth services?

Yes, the LPN may follow standing orders when providing telehealth services in Washington State approved by an [authorized healthcare practitioner](#).

[Standing Orders Advisory Opinion](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Does the licensed practical nurse (LPN) need to comply with privacy and confidentiality laws and rules when they are providing telehealth services?

Yes, the LPN must comply with privacy and confidentiality laws and rules when they are providing telehealth services.

[Health Care Accountability and Portability Act \(HIPAA\)](#)

[Federal Education and Privacy Act \(FERPA\)](#)

[Healthcare Information Technology for Economic and Clinical Health Act \(HITECH\)](#)

[eCFR :: 38 CFR 17.417 -- Health Care Providers Practicing via Telehealth](#)

Can the licensed practical nurse (LPN) provide direction and supervision to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) via telehealth modalities?

Yes, the LPN may use telehealth modalities to provide direction and supervision to the NA-R/NA-C but must exercise nursing judgment to determine whether using telehealth is appropriate, or, if face-to-face direction and supervision is required. The LPN should evaluate the type of care being directed and prioritize patient safety when deciding on the type of supervision needed. Telehealth may not be appropriate in some circumstances.



Title: Telehealth FAQ-LPN

Effective: **TBD**

Supersedes: 5/8/2020, 3/18/2021

Rescinded:

[Nursing Practice Inquiry](#)

ARNPPPractice@doh.wa.gov

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WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) delegate tasks to assistive personnel (AP), such as a nursing assistant, using telehealth modalities?

No, it is not within the LPN's scope of practice to delegate tasks to AP (such as a nursing assistant).

Are there limitations to the setting where the licensed practical nurse (LPN) can use telehealth services to provide care?

No, State laws and rules do not limit the setting in which the LPN can provide telehealth services.

What resources are available related to telehealth?

Examples of resources related to telehealth include the following:

[Principles of Practice: Telehealth as an Imperative Modality of Care – American Telemedicine Association \(ATA\)](#)

[Best practice Guides: Telehealth – Human Health services \(HHS\)](#)

[Telehealth Educational and Training Standards – HHS](#)

[Telehealth Policy – HHS.gov](#)

[HIPAA Rules for Telehealth Technology – HHS](#)

[Licensure for Telehealth – HHS](#)

[Billing for Telehealth – HHS](#)

[What is Telehealth? – Center for Connected Health Care Policy \(CCHP\)](#)



Title: Telemedicine Training Requirements-RN FAQ

Effective: TBC

Reviewed/Revised: 5/8/2020, 3/18/2021

Rescinded:

[Nursing Practice Inquiry](#)

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FREQUENTLY ASKED QUESTIONS (FAQs)

Registered Nurse (RN)

Category: Telemedicine Training Requirements

Is the registered nurse (RN) required to take telemedicine training if providing clinical services through telemedicine?

Yes, the RN is required to take telemedicine training if providing clinical services through telemedicine ([RCW 43.70.495](#)). This also applies to the RN licensed in other member Nurse Licensure Compact states who are practicing nursing using their multi-state license caring for patients in Washington State. For the purposes of the telemedicine training requirement, telemedicine is defined as the following: "Telemedicine" means the delivery of health care services using interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. "Telemedicine" includes audio-only telemedicine but does not include facsimile or email" [RCW 70.41.020](#).

[Washington State Healthcare Professional Telemedicine Training - NRTRC](#)

Does the telemedicine training requirement apply to the registered nurse (RN) who provides Virtual Directed Observed Therapies (VDOT)?

VDOT is the use of a videophone or other video/computer equipment to observe the patient taking their medications remotely.

- Yes, the RN providing synchronous (real-time audio and video) VDOT is required to take the telemedicine training.
- No, the RN providing asynchronous (store-and-forward) VDOT is not required to take the training.

[Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere Telehealth in Washington State | Washington State Department of Health](#)

Does the registered nurse (RN) need to send in an attestation of completion of telemedicine training to the Washington State Board of Nursing (WABON)?

No, the RN does not need to send in an attestation of completion to the WABON unless requested. However, the RN is required to sign and retain an attestation of completion ([RCW 43.70.495](#)).



Title: Telemedicine Training Requirements-RN FAQ

Effective: **TBD**

Reviewed/Revised: 5/8/2020, 3/18/2021

Rescinded:

[Nursing Practice Inquiry](#)

ARNPPPractice@doh.wa.gov

Telephone: 360 236-4703

2

When is the registered nurse (RN) required to complete telemedicine training?

The RN is required to complete telemedicine training prior to providing clinical services through telemedicine. There is no grace period. This also applies to RNs licensed in other member Nurse Licensure Compact states who are practicing nursing using their multi-state license caring for patients in Washington State using telemedicine.

Does telemedicine training taken by the registered nurse (RN) prior to January 1, 2021, meet the telemedicine training requirement?

It depends. Telemedicine training taken prior to January 1, 2021 meets the requirement if it includes the content listed in [RCW 43.70.495](#).

What are the options for the registered nurse (RN) to meet telemedicine training requirements?

[RCW 43.70.495](#) defines the options to meet the telemedicine training requirements. The law required the Telehealth Collaborative to develop a training module. This is training at no cost available on the [Washington State Healthcare Professional Telemedicine Training – Northwest Regional Telehealth Resource Center \(NRTRC\)](#) website.



FREQUENTLY ASKED QUESTIONS (FAQs)

Licensed Practical Nurse (LPN)

Category: Telehealth Training Requirements

Is the licensed practical nurse (LPN) required to take telemedicine training if providing clinical services through telemedicine?

Yes, the LPN is required to take telemedicine training if providing clinical services through telemedicine ([RCW 43.70.495](#)). This also applies to the LPN licensed in other member Nurse Licensure Compact states who are practicing nursing using their multi-state license caring for patients in Washington State. For the purposes of the telemedicine training requirement, telemedicine is defined as the following: "Telemedicine" means the delivery of health care services using interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. "Telemedicine" includes audio-only telemedicine but does not include facsimile or email" [RCW 70.41.020](#).

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[Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere Telehealth in Washington State | Washington State Department of Health](#)

Does the licensed practical nurse (LPN) need to send in an attestation of completion of telemedicine training to the Washington State Board of Nursing (WABON)?

No, the LPN does not need to send in an attestation of completion to WABON unless requested. However, the LPN is required to sign and retain an attestation of completion ([RCW 43.70.495](#)).



Title: Telehealth Training Requirements FAQ-LPN
Effective: **TBD**
Supersedes: 5/8/2020, 3/18/2021
Rescinded:
[Nursing Practice Inquiry](#)
ARNPPPractice@doh.wa.gov Telephone: 360 236-4703

When is the licensed practical nurse (LPN) required to complete telemedicine training?

The LPN is required to complete telemedicine training prior to providing clinical services through telemedicine. There is no grace period. This also applies to LPNs licensed in other member Nurse Licensure Compact states who are practicing nursing using their multi-state license caring for patients in Washington State using telemedicine.

Does telemedicine training taken by the licensed practical nurse (LPN) taken prior to January 1, 2021, meet the telemedicine training requirement?

It depends. Telemedicine training taken prior to January 1, 2021 meets the requirement if it includes the content listed in [RCW 43.70.495](#).

What are the options for the registered nurse (RN) to meet telemedicine training requirements?

[RCW 43.70.495](#) defines the options to meet the telemedicine training requirements. The law required the Telehealth Collaborative to develop a training module. This is training at no cost available on the [Washington State Healthcare Professional Telemedicine Training – Northwest Regional Telehealth Resource Center \(NRTRC\)](#) website.



Nursing Practice Advisory Opinion Request

The Washington State Board of Nursing (WABON) is here to assist you with nursing scope of practice questions. Please review the nursing law and rule, the [Interactive Scope of Practice Decision Tree](#) and our [Practice Webpage](#) for current statements, commonly asked questions, or other guidance documents that might help you with your question. You may also contact us for consultation:

Registered Nurse, Licensed Practical Nurse, and Nursing Assistant:

[Ask the Practice Team](#)

Advanced Registered Nurse Practitioner:

ARNPPpractice@doh.wa.gov

Requestor Information

Name: Josephine Swenson Farinacci

Address: 443 Nikula Rd

City: Winlock

State: WA

Telephone: 360-269-4655

Email: chigs4141@yahoo.com

Organization or Facility/Employer Represented (if applicable):

HomeDOT

Submit Request:

NursingPractice@doh.wa.gov

Registered Nurses, Licensed Practical Nurses, and Nursing Assistant Scope of Practice

ARNPPpractice@doh.wa.gov

Advanced Practice Registered Nurse Scope of Practice

Practice Advisory Opinion Request Information

Describe the activity or procedure on which you would like an advisory opinion:

I am requesting an advisory opinion and proposing an amendment to WAC 246-840-705 to explicitly permit Registered Nurses (RNs), who are certified through the Federal Motor



Nursing Practice Advisory Opinion Request

Carrier Safety Administration (FMCSA) National Registry, to independently perform Department of Transportation (DOT) physical examinations and issue medical certificates, in accordance with 49 CFR § 390.103.

Describe the event, concerns, or issues that precipitated the issue or question:

Although FMCSA provides national certification for qualified healthcare professionals to conduct DOT physicals, Washington State's current interpretation of WAC 246-840-705 does not allow Registered Nurses to independently perform physical exams for the purposes of DOT medical certification, even when they are FMCSA-certified. This limitation is inconsistent with federal guidelines and with policies in other states, such as Colorado, that permit RNs to independently perform these evaluations under their state's scope of practice.**

How does the issue or question impact you, your profession, your organization, other organizations, or the public?

This restriction creates unnecessary barriers to care in occupational health services, especially in rural and underserved areas of Washington where access to physicians or advanced practice providers is limited. RNs certified by the FMCSA are trained to follow federally established procedures and criteria for DOT physical exams, which include identifying disqualifying medical conditions, reviewing specialist documentation, and pending certifications when needed. By not allowing certified RNs to function in this role, Washington undermines workforce flexibility and delays timely access to required physical exams for commercial drivers—an essential workforce sector.

Allowing RNs to perform this function would:

- Improve access to timely DOT medical exams
- Reduce healthcare costs
- Help address provider shortages, particularly in occupational health
- Empower nurses to practice to the full extent of their education and training
- Align Washington with other states' progressive healthcare workforce models**

Explain how public safety will be enhanced by the action you request:

The FMCSA National Registry Medical Examiner Handbook outlines clear clinical criteria and protocols for medical examiners, including:



Nursing Practice Advisory Opinion Request

- Mandatory referrals to a treating provider or specialist when abnormal findings require further evaluation or diagnosis
- The ability to "pend" certification while awaiting additional documentation (e.g., treatment compliance, specialist evaluations)
- The examiner's role is **not** to diagnose or treat, but to determine fitness for duty based on defined federal standards

This structured and evidence-based framework ensures that DOT medical certificates are only issued when the individual meets federal safety criteria. Certified RNs are fully capable of operating within these guidelines, ensuring that public safety is maintained while also expanding access. The FMCSA framework supports a **standardized process**, not dependent on professional title, but on **training, certification, and compliance with the National Registry protocols**.

RNs who are trained under this model would continue to:

- Follow strict FMCSA protocols
- Refer any abnormal findings for medical diagnosis or management
- Withhold certification when safety is compromised

This enhances public safety by maintaining rigorous health standards and increasing access to appropriate screenings.**

Provide evidence-based literature or research:

- **Federal Regulation: 49 CFR § 390.103(a)(1)** states that medical examiners must be "licensed, certified, or registered, in accordance with applicable State laws and regulations to perform physical examinations."
 - **National Council of State Boards of Nursing (NCSBN)** supports RNs practicing to the full scope of their education, training, and licensure.
 - **Colorado State Board of Nursing** allows FMCSA-certified RNs to independently perform DOT exams based on their interpretation that such exams fall within nursing assessment functions.
- **American Association of Occupational Health Nurses (AAOHN)** supports expanding RN roles in occupational health to address access and workforce challenges.**
- **FMCSA Medical Examiner Handbook:** The FMCSA outlines clear clinical criteria and protocols for medical examiners, including mandatory referrals to treating providers when abnormal findings require further evaluation or diagnosis. The examiner's role is to perform structured assessments and determine fitness for duty based on defined federal standards.

FMCSA Eligibility



Nursing Practice Advisory Opinion Request

Requirements: According to FMCSA, a medical examiner must be "licensed, certified, or registered in accordance with applicable State laws and regulations to perform physical examinations." This provision emphasizes state authorization rather than specific professional titles, indicating that RNs certified by the FMCSA are eligible to perform DOT physicals independently. **Colorado's Approach:** In Colorado, RNs are eligible to become certified medical examiners under the FMCSA's National Registry, provided they meet the necessary state licensure requirements. This approach aligns with federal regulations and demonstrates that RNs can independently perform DOT physical examinations when authorized by state law.

- Specific reference to the Statute(s) and/or Administrative Rule that may relate to your request:
- **WAC 246-840-705:** Functions of the Registered Nurse

☒ [RCW 18.79 Nursing Care](#)

☒ [WAC 246-840 Practical and Registered Nursing](#)

- ☒ Other: **Proposed Change** Amend WAC 246-840-705 to state that: "A Registered Nurse licensed in Washington State, who is also certified by the Federal Motor Carrier Safety Administration as a Medical Examiner under 49 CFR § 390.103, is authorized to perform Department of Transportation (DOT) physical examinations and issue medical certificates independently, in accordance with FMCSA regulations and guidelines."**Rationale for Change or Decision:**

Alignment with Federal Regulations: The FMCSA's National Registry program sets baseline training and testing standards for medical professionals who perform commercial driver physicals. RNs certified under this program are trained to assess drivers' fitness for duty based on federal standards. **Consistency with Other States:** States like Colorado permit FMCSA-certified RNs to independently perform DOT physical examinations, demonstrating that such practices are feasible and effective. **Improved Access to Care:** Allowing RNs to perform DOT physicals independently would increase access to these essential services, particularly in rural and underserved areas. **Cost-Effectiveness:**



April 23, 2025

Federal Motor Carrier Safety Administration (FMCSA)

Good morning

The Washington State nursing laws allow the registered nurse (RN) to perform nursing assessments, including physical examinations, using the nursing process. Based on the assessment the RN makes a nursing diagnosis – they cannot make a medical diagnosis. The RN practices independently when providing nursing care. The RN practices interdependently when carrying out medical procedures under the direction of a physician or other authorized health care practitioner. RNs may follow approved standing orders to carry out medical procedures. WABON recommends the nurse use the [Scope of Practice Decision Tree](#) to determine if an activity is within their individual scope of practice based on legal parameters, competence, organizational policies, and other factors.

[RCW 18.71.011: Definition of Practice of Medicine](#)

The following state laws and rules define the RN's scope of practice:

[RCW 18.79.040: Registered Nursing Practice](#)

"Registered nursing practice" means the performance of acts requiring substantial specialized knowledge, judgment, and skill based on the principles of the biological, physiological, behavioral, and sociological sciences in either the observation, assessment, diagnosis, care or counsel, and health teaching of individuals with illnesses, injuries, or disabilities, or in the maintenance of health or prevention of illness of others."

[WAC 246-840-700: Standards of Nursing Conduct or Practice](#)

[WAC 246-840-705: Functions of the Registered Nurse and Licensed Practical Nurse](#)

Please let me know if I can be of any further assistance.


Sincerely,

Deborah Carlson, MSN, RN
Nursing Practice Director

FMCSA Guidelines in Practice: RN-CME Decision Tree Examples

This handout provides five real-world examples showing how a Registered Nurse functioning as a Certified Medical Examiner (RN-CME) applies FMCSA medical certification guidelines using the nursing process and structured decision trees. These workflows align with the use of standardized standing orders and are fully consistent with the scope of RN practice in Washington State (RCW 18.79.040; WAC 246-840-700).

1. Blood Pressure Screening

 *Source: FMCSA Medical Examiner Handbook (2022), Ch. 4: Cardiovascular*

- Assess: Measure BP accurately using calibrated equipment.
- Analyze:
 - If <140/90 → Certify up to 2 years.
 - If 140–159/90–99 (Stage 1) → Certify 1 year; counsel driver to see PCP.
 - If 160–179/100–109 (Stage 2) → Certify once for 3 months → must bring proof of treatment.
 - If ≥180/110 (Stage 3) → Do not certify. Refer to provider.
- Refer: If Stage 2/3 → refer to PCP or cardiology for treatment.
- Document: Record BP, certification duration, and complete MCSA-5876.

✓RN Role: Follow BP thresholds only—no treatment or diagnosis involved.

2. Hearing Screening

 *Source: FMCSA Handbook, Ch. 3: Hearing*

- Assess:
 - Administer whisper test at 5 feet in both ears OR
 - Use audiometric test with thresholds <40 dB in better ear.
- Analyze:
 - If pass either → Certify up to 2 years.
 - If fail both → Do not certify. Must refer to audiologist or ENT.
- Refer: If failed → must obtain specialist documentation with hearing aid use.
- Document: Record type of test used and results in FMCSA forms.

✓RN Role: Screen and refer per guidelines—no interpretation of pathology.

3. Vision Screening

 *Source: FMCSA Handbook, Ch. 2: Vision*

- Assess: Use Snellen chart to test:
 - Distant visual acuity $\geq 20/40$ (each eye separately and both eyes)
 - Field of vision $\geq 70^\circ$ horizontal in each eye.
- Analyze:
 - Meets criteria → Certify.
 - Does not meet → Do not certify; must get specialist evaluation.
- Refer: Refer to optometrist or ophthalmologist for further evaluation.
- Document: Record acuity, use of corrective lenses, and any referrals.

✓RN Role: Follow algorithm—no diagnosis of vision disorders.

4. Urinalysis (Dipstick)

 *Source: FMCSA Handbook, Ch. 1: General Requirements*

- Assess: Collect and perform dipstick urinalysis for glucose, protein, and blood.
- Analyze:
 - Normal → Proceed with certification.
 - Abnormal → Do not interpret; proceed to referral.
- Refer: Refer to PCP for glucose, renal, or hematuria evaluation as needed.
- Document: Record basic findings; do not interpret clinical meaning.

✓RN Role: Screen only—no diagnosis of diabetes, kidney disease, etc.

5. Obstructive Sleep Apnea (OSA) Screening

 *Source: FMCSA Handbook, Ch. 4: Sleep Disorders*

- Assess: Use BMI, neck circumference, Epworth scale, and sleep history.
- Analyze:
 - BMI ≥ 40 or witnessed apnea → Do not certify; refer.
 - BMI 33–39 with multiple risk factors → Certification is pending until cleared.
- Refer: Refer to sleep specialist for study or CPAP compliance documentation.
- Document: Note “pending” decision; give 45-day window to return.

✓RN Role: Identify risk and refer—no sleep disorder diagnosis.

RN-CME Role Handout

Understanding the Registered Nurse as Certified Medical Examiner (CME)

Aligning with Washington State law & FMCSA federal standards – clear, factual, evidence-based

1. Scope of Practice: WA Legal Framework

- WAC 246-840-700 mandates:
 - RNs are accountable for nursing care quality, including protocol-based procedures and standing orders.
 - Core nursing process: Assessment → Planning → Implementation → Evaluation.
 - RNs must act within defined scope, use evidence-based guidelines, and escalate care as needed.

- RCW 18.79.040 supports RNs executing standardized medical regimens without diagnosing or prescribing—perfectly fitting the CME function.

2. FMCSA CME Program = Structured Federal Standing Orders

- 49 CFR § 390.103 outlines eligibility:
 - Must be a licensed RN, register on NRCME, complete approved FMCSA training, and pass the same exam as MDs/NPs/PAs.
- Per 49 CFR § 390.105, FMCSA-approved curriculum covers:
 - Medical history review, physical exam, when to refer, certification decision-making, reporting requirements.
- The FMCSA Medical Examiner Handbook functions as a federal, algorithm-based decision tree—akin to standing orders RNs already follow.

3. RN Training & Certification Rigor

To become an RN-CME, the candidate must:

1. Complete FMCSA-approved training (driver exam rationale, algorithms, follow-up criteria).
2. Pass a 120-question, NCCA-accredited test with the same standard as physicians and NPs.
3. Maintain credentials with ongoing testing/training and NRCME registry compliance.

4. RN Clinical Process & Algorithm Alignment

RN Nursing Process vs. FMCSA Algorithm:

- Assessment – History, vitals, vision, neuro checks
- Analysis – Apply FMCSA flowcharts
- Documentation – Use FMCSA MCSA-5876 forms, intervals, referrals
- Referral – Pend and refer cases outside scope (e.g., untreated sleep apnea)

5. No Medical Diagnosis or Treatment

- RN-CMEs do not diagnose or prescribe.
- They screen per FMCSA protocol and pend/refuse when conditions exceed defined thresholds.

6. Evidence & Precedent

- Colorado RN-CME policy (since 2016): No reported FMCSA violations or malpractice.
- National FMCSA audit data shows no increase in unsafe certifications in RN-authorized states.

7. Addressing Public Need

- 15,000+ DOT certificates voided nationally due to improper exams.
- Washington faces examiner shortages.
- RN-CMEs can expand access and improve safety.

8. Alignment with WA RN Standards

RN-CME work complies with:

- WAC 246-840-700 – Nursing process, accountability
- RCW 18.79.040 – Non-diagnostic protocol execution
- 49 CFR 390.101–115 – Federal algorithmic standards

References

- WAC 246-840-700: <https://apps.leg.wa.gov/wac/default.aspx?cite=246-840-700>
- RCW 18.79.040: <https://apps.leg.wa.gov/rcw/default.aspx?cite=18.79.040>
- 49 CFR Part 390: <https://www.law.cornell.edu/cfr/text/49/390.103>
- FMCSA Medical Examiner Handbook: <https://www.fmcsa.dot.gov>
- NRCME Certification Guide: <https://nationalregistry.fmcsa.dot.gov>

Why Washington Should Allow FMCSA-Certified RNs to Perform DOT Exams

1. RNs already have the core competencies

- Physical assessment, history-taking, vital signs, and clinical judgment are core parts of RN training.
- FMCSA certification adds the specific regulatory training and decision-making standards required for DOT exams.
- RNs don't diagnose or treat in this context—they determine fitness-for-duty per strict FMCSA criteria.

2. DOT exams follow structured, federally mandated protocols

- The FMCSA exam process is highly standardized (not open-ended diagnosis).
- Once trained and certified by FMCSA, any provider—MD, NP, PA, chiropractor, or RN—is held to the same standard.
- RNs who pass the same national exam as physicians and APRNs should be allowed to practice equally.

3. It expands access, especially in rural and underserved areas

- Many rural areas lack NPs or physicians available to perform DOT exams.
- Allowing qualified RNs to fill this role improves public safety by ensuring drivers can get timely certification.
- Colorado has successfully implemented this with no documented harm.

4. FMCSA credentialing is a federal endorsement of competency

- If the federal government says an RN is qualified to perform these exams after passing their rigorous certification, why would Washington override that?
- It undermines interjurisdictional consistency and workforce efficiency.

5. It reduces unnecessary scope barriers

- Washington already allows RNs to conduct complex assessments in other areas (e.g. hospice, home health, psychiatric intake).
- Allowing FMCSA-certified RNs to perform DOT exams is consistent with safe, incremental scope expansion.



Title: Informed Consent FAQ– RN

Effective: **TBD**

Supersedes:

Rescinded:

[Nursing Practice Inquiry](#)

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Telephone: 360 236-4703

Frequently Asked Questions (FAQ)

Category: Registered Nurse (RN)

Title: Informed Consent

What is informed consent?

Informed consent refers to a voluntary agreement made by a patient to undergo a medical intervention or treatment, or participate in research, after receiving comprehensive information about the procedure, its risks, benefits, alternatives, and any potential consequences. It is based on the principle of respect for individual autonomy and the right to make decision regarding one's health. Informed consent fosters a trusting relationship, enhances patient satisfaction, reduces the risk of legal and ethical conflicts, and ensures the patient is adequately informed. Obtaining informed consent is an interactive process.

[Informed Consent-Washington Medical Commission](#)

[Informed Consent: More Than Getting a Signature - The Joint Commission](#)

[Informed Consent | American Medical Association-Code](#)

What is the difference between an “admissions consent” and “informed consent” used in healthcare facilities?

An “admissions consent” (or general consent to treat) is a general agreement for a patient to be admitted into a healthcare facility, while “informed consent” is a more detailed agreement that outlines the proposed treatment including risks, benefits associated with a particular procedure or treatment, and potential alternatives. Admissions consent is less detailed and may not cover the specific risks and benefits of individual procedures.

What is the role of the registered nurse (RN) role in obtaining informed consent from patients?

The RN has a legal and ethical obligation regarding informed consent of proposed care, service, treatment, or research. The ethical obligations of nurses are to recognize, respect, and promote the patient's right to be informed and make informed choices. The RN is responsible for advocating for their patient's rights, facilitating the informed consent process, and ensuring that patients have the necessary information to make informed decisions. The RN is responsible for obtaining consent when initiating care and reviewing consent before providing the care ordered by another healthcare professional.

Who can the RN obtain informed consent from?

The RN can obtain informed consent only from an adult patient (age eighteen or older) who is mentally competent, unless there is an exception in the law. [RCW 7.70.065](#) lists persons authorized to make decisions.



Title: Informed Consent FAQ– RN

Effective: **TBD**

Supersedes:

Rescinded:

[Nursing Practice Inquiry](#)

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At what age in Washington State can patients make decisions regarding healthcare?

Washington state law ([RCW 26.28.010](#)) defines the age of majority as eighteen (18) years old to make decisions regarding healthcare. Exceptions include:

- A person under the age of 18 who is married to an adult.
- A person is legally emancipated from their parents.
- A person determined by a healthcare provider to be a mature minor.
- A person under age 18 who is homeless (in certain situations).

WABON encourages nurses to consult with legal counsel as necessary.

Are there specific healthcare activities that can be provided to individuals under the age of eighteen (18) without consent from a parent or legal guardian?

Yes, there are specific health care activities that can be provided to individuals under the age of 18 without consent from a parent or legal guardian. The following resources will provide guidance regarding healthcare activities that may be provided to individuals under the age of 18 without consent from a parent or legal guardian:

[Washington Confidentiality Toolkit for Providers \(Healthcare Authority-CA 60-0077\)](#)

[Healthcare for Minors | Washington Law Help](#)

[Washington Health Law Manual – Washington State Society of Healthcare Attorneys](#)

What are the requirements for informed consent prior to treatment with investigational products?

[RCW 69.77.050](#) defines the requirements regarding informed consent prior to treatment with investigational products. The Health and Human Services ([45 CFR part 46](#)) stipulates the requirements for informed consent for the protection of human subjects in research

[Informed Consent FAQs | Human Health Services.gov](#)

[The AHRQ Informed Consent and Authorization Toolkit for Minimal Risk Research](#)

Can the registered nurse (RN) provide care to a patient in a healthcare emergency without consent?

Yes, the RN may provide care to a patient if a healthcare emergency exists and the patient does not have the capacity to give informed consent and/or a person legally authorize to consent on behalf of the patient is not readily available ([RCW 7.70.050](#)).



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[Nursing Practice Inquiry](#)

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Can the registered nurse (RN) obtain consent for a procedure that is not within their scope of practice?

No, it is not appropriate for the RN to obtain informed consent outside their scope of practice.

What are the responsibilities of the registered nurse (RN) in witnessing signatures for informed consent?

The following are the RN's responsibilities in witnessing informed consent:

- **Witnessing Signatures** – The RN may be asked to witness a patient's signature on a consent form. However, witnessing a signature does not absolve the nurse of the responsibility to ensure that the patient is fully informed about the procedure, including risks, benefits, and alternatives to the proposed course of treatment.
- **Ensuring Understanding** – It is essential for the RN to confirm that the patient understands the information provided to them. This may involve the patient explaining the procedure in their own words and ensuring that all their questions have been answered. If a patient appears confused or lacks understanding, the RN should advocate for the patient by facilitating further discussion with the healthcare practitioner who obtained the consent.
- **Legal and Ethical Accountability** – The RN has ethical and professional obligations to ensure informed consent is obtained properly. This includes being aware of the legal implications of proceeding without consent, which can lead to civil liability or professional sanctions.
- **Documentation** – The RN should document their involvement in the consent process, including any discussions held with the patient regarding the procedure and their understanding of it. This documentation is crucial for legal protection and ensuring continuity of care.
- **Special Considerations** – In cases where patient have language barriers, the RN should arrange for qualified medical interpreters to assist patients to ensure the patient comprehends the information being provided. For patients with cognitive impairments, the RN should arrange for decision making support such as a legal guardian to assist patients to ensure the patient comprehends the information being provided. For literacy concerns, using plain talk and visual aids can help patient understanding.

Can the registered nurse (RN) obtain the patient's signature as directed by the healthcare practitioner who is going to perform the procedure?

The healthcare practitioner who is going to perform the procedure is responsible for explaining the procedure and ensuring the patient signs the consent form. The RN may witness the signature, and document that the consent process was completed appropriately.



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Does the registered nurse (RN) need to be present when a healthcare practitioner obtains informed consent from a patient to act as a witness?

No, the RN does not need to be present when a healthcare practitioner obtains informed consent. However, if the RN acts as a witness, must verify the patient's signature, confirm that the patient had an opportunity to ask questions, confirm the consent was given freely, and document the process in the medical record.

Is written consent always required?

No, while written consent is typically required for major procedures, verbal or implied consent may be sufficient for less invasive treatments or in emergencies. Nurses must clearly document and follow state and federal laws and facility policies.

What are the types of consent?

Informed consent is a legal and ethical process in which a patient receives sufficient information about a proposed medical treatment or procedure, understands the potential benefits and risks, and voluntarily agrees to undergo the treatment or procedure. The process ensures that patients can make informed decisions about their healthcare and that healthcare professionals respect their autonomy. The following are the types of consent:

- Explicit (Express)/ Consent – Involves a clear and direct communication of permission, either verbally or in writing.
- Implied Consent – Inferred from a person's actions, behavior, or circumstances, rather than explicitly stated.
- Informed Consent – Involves providing the person with all necessary information, risks, benefits, and alternatives before making decisions.
- Verbal Consent – Given orally rather than written.
- Written Consent – Given in writing, often for more complex or invasive procedures.

[Informed Consent for Nursing Care – American Nurses Association Ethics Board](#)
[Informed Consent in Healthcare: A Comprehensive Guide for Nurses | Support Groups for Nurses](#)

Are there specific procedures or situations in which a witness is required for written informed consent?

Yes, prior to treatment with an investigational product, [RCW 69.77.050](#) requires the healthcare practitioner to obtain written informed consent from the patient also includes at least one adult signing as a witness. The healthcare facility should establish policies regarding requirements for witness as requirements for specific procedures or situations.

[The AHRQ Informed Consent and Authorization Toolkit for Minimal Risk Research](#)



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Are there specific procedures or situations in which two witnesses are required for written informed consent?

The laws and rules do not specifically require two witnesses for specific procedures or situations. Healthcare facilities should develop policies that mandate how many witnesses are required in these instances.

[RCW 69.77.050: Informed Consent](#)

[The AHRQ Informed Consent and Authorization Toolkit for Minimal Risk Research](#)

Is the registered nurse (RN) required to document processes in obtaining informed consent?

Yes, the RN is required to document the informed consent process. While consent may be implied or explicitly communicated, proper documentation can potentially help mitigate risks and complaints if any misunderstandings arise.

The Joint Commission requires informed consent documentation which includes:

1. Nature of the procedure
2. Risks and benefits
3. Reasonable alternatives
4. Risks and benefits of alternatives
5. Assessment of patient understanding

Documentation can be recorded in a consent form, progress note, or other type of established medical record document.

[Quick Safety 21: Informed consent: More than getting a signature \(Updated: April 2022\) | The Joint Commission](#)

Can the registered nurse (RN) obtain written informed consent for a blood transfusion?

Yes, the RN may obtain written informed consent if the RN will be performing the procedure. However, it is the role of the [authorized healthcare practitioner](#) ordering the transfusion who is responsible for obtaining written informed consent. The RN should follow the organization's policies regarding informed consent for blood transfusions.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.



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Can the registered nurse (RN) obtain informed consent to apply a tattoo to a person under the age of eighteen (18)?

No. The RN is not allowed to obtain informed consent to apply a tattoo to a person under the age of 18 ([RCW 26.28.085](#)).

Can the registered nurse (RN) obtain informed consent for peripherally inserted center catheter (PICC) line insertion?

Yes, the RN may obtain informed consent for the insertion of a PICC line if the RN is going to perform the procedure. The informed consent should be documented in the medical record. The RN should follow the organization's policies regarding informed consent for PICC line insertions.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Who is responsible for obtaining informed consent for aesthetic or cosmetic procedures?

In general, it is the responsibility of the healthcare practitioner who will be performing the procedure to obtain informed consent. Informed consent must be obtained and documented in the patient's medical record prior to performing aesthetic or cosmetic procedures. These are examples of rules that apply to other healthcare professionals specific to informed consent:

- Physicians must obtain informed consent for non-surgical cosmetic procedures ([WAC 246-919-606](#)) and use of laser, light, radiofrequency, and plasma devices applied to the skin ([WAC 246-919-605](#)).
- Physician assistants must obtain informed consent when performing nonsurgical medical cosmetic procedures ([WAC 246-918-126](#)) and use of laser, light, radiofrequency, and plasma devices applied to the skin ([WAC 246-918-125](#)).
- Osteopathic physicians must obtain informed consent for use of laser, light, radiofrequency, and plasma devices applied to the skin ([WAC 246-853-630](#)).
- Naturopathic doctors must obtain informed consent prior to performing Botulism toxin nonsurgical cosmetic procedures.

The registered nurse (RN) may obtain informed consent for aesthetic and cosmetic procedures if they are performing the procedure. At minimum, the RN must verify that the prescribing healthcare practitioner has obtained informed consent and confirm the



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patient has sufficient information about the procedure. For aesthetic and cosmetic procedures, using over the counter drugs or devices, the RN must obtain informed consent unless an [authorized healthcare practitioner](#) has already done so.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) obtain informed consent for cardiac stress testing?

Yes, the RN may obtain informed consent for cardiac stress testing if RN is going to be performing the procedure. The informed consent should be documented in the medical record. The RN should follow the organization's policies regarding informed consent for cardiac stress testing.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

DRAFT



Title: Informed Consent FAQ – LPN

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Frequently Asked Questions (FAQ)

Category: Licensed Practical Nurse (LPN)

Title: Informed Consent

What is informed consent?

Informed consent refers to a voluntary agreement made by a patient to undergo a medical intervention or treatment, or participate in research, after receiving comprehensive information about the procedure, its risks, benefits, alternatives, and any potential consequences. It is based on the principle of respect for individual autonomy and the right to make decision regarding one's health. Informed consent fosters a trusting relationship, enhances patient satisfaction, reduces the risk of legal and ethical conflicts, and ensures the patient is adequately informed. Obtaining informed consent is an interactive process.

[Informed Consent-Washington Medical Commission](#)

[Informed Consent: More Than Getting a Signature - The Joint Commission](#)

[Informed Consent | American Medical Association-Code](#)

[Washington Health Law Manual – Washington State Society of Health Care Attorneys](#)

What is the difference between a “general consent to treat” and “informed consent” as used in healthcare facilities?

An “admissions consent (or general consent to treat) is a general agreement for a patient to be admitted into a healthcare facility, while “informed consent” is a more detailed agreement that outlines the specific treatment, including risks, benefits, and potential alternatives associated with a particular procedure or treatment. A general consent or admissions consent is less detailed and may not cover the specific risks and benefits of individual procedures.

What is the role of the licensed practical nurse (LPN) in obtaining informed consent from patients?

The LPN has a legal and ethical obligation regarding informed consent of proposed care, service, treatment, or research. The ethical obligations of nurses are to recognize, respect, and promote the patient's right to be informed and make informed choices. The LPN is responsible for advocating for their patient's rights, facilitating the informed consent process, and ensuring that patients have the necessary information to make informed decisions. The LPN is responsible for obtaining consent when initiating care and reviewing consent before providing the care ordered by another health



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Who can the LPN obtain informed consent from?

The LPN can obtain informed consent only from an adult patient (age eighteen or older) who is mentally competent, unless there is an exception in the law. [RCW 7.70.065](#) lists persons authorized to make decision.

At what age in Washington State can patients make decisions regarding healthcare?

Washington state law ([RCW 26.28.010](#)) defines the age of majority as eighteen (18) years old to make decisions regarding healthcare. Exceptions include:

- A person under the age of 18 who is married to an adult.
- A person who is legally emancipated from their parents.
- A person determined by a healthcare provider to be a mature minor.
- A person under age 18 who is homeless (in certain situations).

WABON encourages nurses to consult with legal counsel as necessary.

Are there specific healthcare activities that can be given to individuals under the age of eighteen (18) without consent from a parental or legal guardian?

Yes, there are specific health care activities that can be given to individuals under the age of 18 without consent from a parent or legal guardian. The following resources will provide guidance regarding healthcare activities that may be provided to individuals under the age of 18 without consent from a parent or legal guardian:

[Washington Confidentiality Toolkit for Providers \(HCA 60-0077\)](#)

[Healthcare for Minors | Washington Law Help](#)

[Washington Health Law Manual – Washington State Society of Healthcare Attorneys](#)

What are the requirements for informed consent prior to treatment with investigational products?

[RCW 69.77.050](#) defines the requirements regarding informed consent prior to treatment with investigational products. The Health and Human Services ([45 CFR part 46](#)) stipulates the requirements for informed consent for the protection of human subjects in research

[Informed Consent FAQs | HHS.gov](#)

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Can the licensed practical nurse (LPN) provide care to a patient in a healthcare emergency without consent?

Yes, the LPN may provide care to a patient without consent if a healthcare emergency exists and the patient does not have the capacity to give informed consent and/or a person legally authorize to consent on behalf of the patient is not readily available ([RCW 7.70.050](#)).

Can the licensed practical nurse (LPN) obtain consent for a procedure that is not within their scope of practice?

No, it is not appropriate for the LPN to obtain informed consent for a procedure that is not within their scope of practice.

What are the responsibilities of the licensed practical nurse (LPN) in witnessing signatures for informed consent?

The following are the LPN's responsibilities in witnessing informed consent:

- **Witnessing Signatures** – The LPN may be asked to witness a patient's signature on a consent form. However, witnessing a signature does not absolve the nurse of the responsibility to ensure that the patient is fully informed about the procedure, including risks, benefits, and alternatives to the proposed course of treatment.
- **Ensuring Understanding** – It is essential for the LPN to confirm that the patient understands the information provided to them. This may involve the patient explaining the procedure in their own words and ensuring that all their questions have been answered. If a patient appears confused or lacks understanding, the LPN should advocate for the patient by facilitating further discussion with the healthcare practitioner who obtained the consent.
- **Legal and Ethical Accountability** – The LPN has ethical and professional obligations to ensure informed consent is obtained properly. This includes being aware of the legal implications of proceeding without consent, which can lead to civil liability or professional sanctions.
- **Documentation** – The LPN should document their involvement in the consent process, including any discussions held with the patient regarding the procedure and their understanding of it. This documentation is crucial for legal protection and ensuring continuity of care.
- **Special Considerations** – In cases where patient have language barriers, nurses should arrange for qualified medical interpreters to assist patients. For patients with cognitive impairments, the LPN should arrange for decision making support such as a legal guardian to assist patients to ensure the patient comprehends the information being provided. For literacy concerns, using plain talk and visual aids can help patient understanding.



Can the licensed practical nurse (LPN) obtain the patient’s signature as directed by the healthcare practitioner who is going to perform the procedure?

No, the healthcare practitioner who is going to perform the procedure is responsible for explaining the procedure and ensuring the patient signs the consent form. The LPN may witness the signature, and document that the consent process was completed appropriately.

Does the licensed practical nurse (LPN) need to be present when a healthcare practitioner obtains informed consent from a patient to act as a witness?

No, the LPN does not need to be present when a healthcare practitioner obtains informed consent. However, if the LPN acts as a witness, they must verify the patient’s signature, confirm that the patient had an opportunity to ask questions, confirm the consent was given freely, and document that the informed consent process.

Is written consent always required?

No, while written consent is typically required for major procedures, verbal or implied consent may be sufficient for less invasive treatments or in emergencies. The LPN must clearly document and follow state and federal laws and facility policies.

What are the types of consent?

Informed consent is a legal and ethical process in which a patient receives sufficient information about a proposed medical treatment or procedure, understands the potential benefits and risks, and voluntarily agrees to undergo the treatment or procedure. The process ensures that patients can make informed decisions about their healthcare and that healthcare professionals respect their autonomy. The following are the types of consent:

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- Informed Consent – Involves providing the person with all necessary information, risks, benefits, and alternatives before making decisions.
- Verbal Consent – Given orally rather than written.
- Written Consent – Given in writing, often for more complex or invasive procedures.

[Informed Consent for Nursing Care – American Nurses Association Ethics Board](#)



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[Informed Consent in Healthcare: A Comprehensive Guide for Nurses | Support Groups for Nurses](#)

Are there specific procedures or situations in which a witness is required for written informed consent?

Yes, prior to treatment with an investigational product, [RCW 69.77.050](#) requires the healthcare practitioner to obtain written informed consent from the patient that also includes at least one adult signing as a witness. The healthcare facility should establish policies about requirements for witnessing specific procedures or situations.

[The AHRQ Informed Consent and Authorization Toolkit for Minimal Risk Research](#)

Are there specific procedures or situations in which two witnesses are required for written informed consent?

The laws and rules do not specifically require two witnesses for specific procedures or situations. Healthcare facilities should develop policies that mandate how many witnesses are required in these instances.

[RCW 69.77.050: Informed Consent](#)

[The AHRQ Informed Consent and Authorization Toolkit for Minimal Risk Research](#)

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Yes, the LPN is required to document the informed consent process. While consent may be implied or explicitly communicated, proper documentation can potentially help mitigate risks and complaints if any misunderstandings arise.

The Joint Commission requires informed consent documentation which includes:

1. Nature of the procedure
2. Risks and benefits
3. Reasonable alternatives
4. Risks and benefits of alternatives
5. Assessment of patient understanding

Documentation can be recorded in a consent form, progress note, or other type of established medical record document.

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Can the licensed practical nurse (LPN) obtain written informed consent for a blood transfusion if the LPN is going to perform the procedure?

Yes, the LPN may obtain written informed consent for a blood transfusion if the LPN is going to perform the procedure. However, it is the role of the [authorized healthcare practitioner](#) ordering the transfusion who is responsible for obtaining written informed consent. The LPN should follow the organization's policies regarding informed consent for blood transfusions.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) obtain informed consent to apply a tattoo to a person under the age of eighteen (18)?

No, the LPN is not allowed to obtain informed consent to apply a tattoo to a person under the age of 18 ([RCW 26.28.085](#)).

Can the licensed practical nurse (LPN) obtain informed consent for peripherally inserted center catheter (PICC) line insertion?

No, the LPN is not allowed to obtain informed consent for PICC line insertion because it is not within the scope of practice for the LPN to perform PICC line insertion.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Who is responsible for obtaining informed consent for aesthetic or cosmetic procedures?

In general, it is the responsibility of the healthcare practitioner who will be performing the procedure to obtain informed consent. Informed consent must be obtained and documented in the patient's medical record prior to performing aesthetic or cosmetic procedures. These are examples of rules that apply to other healthcare professionals specific to informed consent:

- Physicians must obtain informed consent for non-surgical cosmetic procedures ([WAC 246-919-606](#)) and use of laser, light, radiofrequency, and plasma devices as applied to the skin ([WAC 246-919-605](#)).



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- Physician assistants must obtain informed consent when performing nonsurgical medical cosmetic procedures ([WAC 246-918-126](#)) and use of laser, light, radiofrequency, and plasma devices as applied to the skin ([WAC 246-918-125](#)).
- Osteopathic physicians must obtain informed consent for use of laser, light, radiofrequency, and plasma devices as applied to the skin ([WAC 246-853-630](#))
- Naturopathic doctors must obtain informed consent prior to performing Botulism toxin nonsurgical cosmetic procedures.

The licensed practical nurse (LPN) may obtain informed consent for aesthetic and cosmetic procedures if the LPN is going to be performing the procedure. At minimum, the LPN must verify that the prescribing healthcare practitioner has obtained informed consent and confirm that the patient has sufficient information about the procedure. The LPN must obtain informed consent for aesthetic and cosmetic procedures that do not require a prescription using over the counter drugs or devices unless an [authorized healthcare practitioner](#) or registered nurse has already obtained informed consent.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) obtain informed consent for cardiac stress testing?

Yes, the LPN may obtain informed consent for cardiac stress testing if the LPN is going to be performing the procedure. Informed consent should be documented in the medical record. The LPN should follow the organization's policies regarding informed consent for cardiac stress testing.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.