



Title: Medical, Aesthetic, and Cosmetic Dermatological Procedures Advisory Opinion
Effective Date: 9/12/2025
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Rescinded: Click to enter date rescinded.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

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Medical, Aesthetic, and Cosmetic Dermatological Procedures Advisory Opinion

Introduction

This advisory opinion addresses the registered nurse (RN) and licensed practical nurse (LPN) scope of practice in performing dermatological procedures (medical, aesthetic, and cosmetic).

Background

This advisory opinion is a response to increasing inquiries from nurses and healthcare organizations regarding the scope of practice for nurses performing medical, aesthetic and cosmetic dermatological procedures (such as biological therapy/regenerative therapy, intravenous (IV) therapy, injectables, contouring, laser therapy, dermabrasion, cryotherapy, and weight loss treatments) and concerns about patient safety such as allergic reactions, infections, vascular occlusion, unintended aesthetic outcomes, laser burns, and other complications (These questions often surface alongside broader interests in entrepreneurial opportunities such as 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 the legal landscape of aesthetic dermatological procedures to ensure patient safety. WABON does not have authority over other laws and rules that may apply (pp. 7-8). The following nursing laws and rules must be considered when evaluating nursing scope of practice related to medical, aesthetic, and cosmetic dermatological procedures:

[RCW 18.79.040: RN Practice](#)

[RCW 18.79.060: LPN Practice – Defined - Exceptions](#)

[RCW 18.79.240: Construction](#)

[RCW 18.79.260: RN – Activities Allowed – Delegation of Tasks](#)

[RCW 18.79.270: Licensed practical nurse—Activities Allowed](#)



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[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](#)

RN and LPN Scope of Practice

According to [18.79.260](#), the RN practices independently under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant, advanced registered nurse practitioner, or midwife. The RN may administer medications, treatments, tests, and inoculations, whether the severing or penetrating of tissues is involved and whether a degree of independent judgment and skill is required. Such direction must be for acts which are within the scope of practice of the nurse. They may also delegate tasks to assistive personnel (AP) – such as nursing assistants or medical assistants – as outlined in [RCW 18.79.060](#) and [Chapter 246-840 WAC](#).

The LPN practices interdependently under the direction and supervision of the RN, and dependently under the direction and supervision of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, physician assistant, podiatric physician and surgeon, advanced registered nurse practitioner, physician assistant, or midwife ([RCW 18.79.060](#)). The LPN may provide care in routine nursing situations, which are characterized as being “relatively free of complexity, and the clinical and behavioral state of the client is relatively stable, requiring care based upon a comparatively fixed and limited body of knowledge” ([WAC 246-840-705](#)). LPNs cannot delegate tasks to AP.

Standards of Care

All nurses are accountable for the quality of nursing care they give to patients. Nurses are responsible for maintaining competency, and shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or procedures that fall within their scope of practice. Additionally, nurses are responsible for documenting the care provided and communicating with members of the health care team ([WAC 246-840-700](#)). Nurses must follow the Health Care Information Act ([Chapter 70.02 RCW](#)).



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Supervision

“Supervision by the RN or LPN 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](#)). There are three types of supervision defined:

- "Direct supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is quickly and easily available, and has assessed the patient prior to the delegation of the duties.”
- "Immediate supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is within audible and visual range of the patient, and has assessed the patient prior to the delegation of duties.”
- "Indirect supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties” ([WAC 246-840-010](#)).

Nurse Delegation

The RN may delegate and supervise 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 cannot delegate tasks to other individuals. When delegating RNs 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](#)).

Nursing Assistant Delegation

RN delegation is required if the activity is not within the [Standards of Practice and Core Competencies \(Chapter 246-841A WAC\)](#) of the nursing assistant-registered/nursing



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assistant-certified (NA-R/NA-C). The RN may delegate nursing tasks to the NA-R/NA-C. Limitations vary by settings ([RCW 18.79.260](#) and [Chapter 246-841A WAC](#)). Tasks that cannot be delegated include:

- Administration of medications – exceptions exist in community and in-home care settings (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities),
- Activities that require nursing judgment.
- Sterile procedures.
- Central line maintenance.
- Any activity that involves puncturing or severing the skin except for capillary blood glucose tests.

Medical Assistant Delegation

The RN may delegate and supervise the medical assistant (MA) activities within the MA's scope of practice in any setting ([Chapter 18.360 RCW/246-827 WAC](#)). For a detailed comparison, refer to WABON's [LPN and Medical Assistant Scope of Practice Comparison](#) overview.

Conclusions and Guidance

The RN and LPN must adhere to the nursing laws and rules. 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. The [RN and LPN Scope of Practice Advisory Opinion provides a general overview and comparison of the RN and LPN Scope of Practice](#). WABON's [Aesthetic Resources Webpage](#) provides a summary of applicable resources related aesthetic and cosmetic procedures.

WABON recommends facilities, organizations, or employers establish policies for when a medical assessment and follow-up are required, and instructions to follow up with an [authorized health care practitioner](#) or RN when there are concerns about the appropriateness of direction/order for a specific patient. If the nurse determines the



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direction/order should not be implemented, the directing [authorized health care practitioner](#) or RN must be notified, and the discussion and outcome(s) must be documented. Additionally, direction/orders should be established from an [authorized health care practitioner](#) or RN to carry out interventions or administer medications in the event of unintended care outcomes. All nurses should review and follow their facility, organizational, or employer policies and procedures.

Documentation and Communication

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

Foundational Principles of Direction, Delegation, and Supervision

- The RN may interdependently perform medical, aesthetic, or cosmetic dermatological procedures under the direction of an [authorized health care practitioner](#) (within the practitioner's scope of practice).
- The RN may independently administer or use over the counter medications or devices based on the nursing process.
- The LPN may perform medical, aesthetic, or cosmetic dermatological procedures under the direction and supervision of an [authorized health care practitioner](#) or RN, limited to routine nursing situations that are relatively free of complexity, or may act as an assistant to an [authorized health care practitioner](#) or RN within the LPN's scope of practice.
- The RN and LPN may direct and supervise the care provided by nursing assistants within the NA's core competencies. The LPN is not allowed to delegate tasks to the NA-R/NA-C, MA, or other AP.
- The LPN may administer or use over the counter medications or devices only under the direction and supervision of an [authorized health care practitioner](#) or direction and supervision of the RN.
- The RN and LPN must maintain appropriate supervision standards when performing medical, esthetic, or cosmetic dermatological procedures.



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- RN may delegate tasks considering when the circumstances are appropriate and it is in the best interest of the patient. The RN must understand delegation principles and follow state laws:
 - The [LPN and Medical Assistant Scope of Practice Comparison](#) provides an overview of the MA scope of practice that the RN may delegate.
 - WABON's [RN and LPN Frequently Asked Questions provide questions and answers specific to nursing delegation, including specific tasks that might be associated with](#) medical, aesthetic, or cosmetic dermatological procedures.

Prescribing Medication, Biologics, Therapies, or Treatments

The RN or LPN cannot make a medical diagnosis, determine medical treatment, or prescribe legend drugs/controlled substances, biologics, or medical devices. The RN may administer legend drugs/controlled substances, biologics, or use medical devices under the direction of an [authorized health care practitioner](#). The LPN may administer legend drugs/controlled substances, biologics, or use medical devices under the direction and supervision of an [authorized health care practitioner](#) or RN. The nurse must follow medication administration, infusion management and compounding standards. The following WABON's advisory opinions provide additional guidance:

- [Compounding and Reconstituting Medications Advisory Opinion](#)
- [Infusion Therapy Management Advisory Opinion](#)
- [Administration of Sedating, Analgesic, and Anesthetic Agents Advisory Opinion](#)
- [Standing Orders Advisory Opinion](#)
- [Verbal Orders Advisory Opinion](#)

Off-Label Medications or Biologics

The nursing laws and rules do not prohibit the RN or LPN from administering off-label medications or biologics. Off-label use is prescribing or using a drug for a purpose, dose, route, or patient population not specially approved by the U.S. Food and drug Administration (FDA). This practice should be based on an understanding of the associated risks and benefits to the patient supported by high-quality evidence of efficacy, effectiveness, and safety. The RN or LPN remains individually accountable and responsible for the care they provide.



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References and Resources

[WABON Aesthetic Resources Webpage](#)

[Plastic and Aesthetic Nursing Practice Standards: American Nurses Association](#)

[Dermatology Nurses' Association](#)

[International Society of Plastic and Aesthetic Nurses](#)

[A Guide to Safety in Dermatological Cosmetic Procedures: Avoidance and Management of Common Pitfalls and Perils | Current Dermatology Reports](#)

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

Additional Laws and Rules

The following laws and rules are examples (not inclusive) that may provide additional information. WABON does not have authority regarding the following laws and rules.

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
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
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
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



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**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](#)

Workplace Safety

[WA State Safety and Health Law
Occupational Safety and Health Administration \(OSHA\) - Blood Borne
Pathogens](#)

Health Care Entity

[RCW 18.64.450: Health Care Entity – License Requirements for
Legend Drugs and Controlled Substances - Exception](#)

**Staffing and
Performance of
Nursing Activities**

[Chapter 18.360 RCW: Medical Assistants
Chapter 246-827 WAC: Medical Assistants](#)

**Marketing and
Advertising**

[Chapter 9.04 RCW: Advertising, Crimes Relating to
Federal Trade Commission \(FTC\)](#)

**Business
Practices**

[Title 23B RCW: Washington Business Corporation Act
Chapter 18.100 RCW: Professional Service Corporations
Chapter 19.86 RCW: Unfair Business Practices-Consumer Protection](#)