



## Arizona State Board of Nursing

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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

**OPINION: LASERS (PIGMENT AND VASCULAR SPECIFIC) FOR CUTANEOUS PROCEDURES**  
**APPROVED: X NOT APPROVED:**  
**DATE: 11/97;**  
**REVISED DATE: 11/02; 1/08**  
**ORIGINATING COMMITTEE:**  
**SCOPE OF PRACTICE COMMITTEE**

### ADVISORY OPINION LASERS (PIGMENT AND VASCULAR SPECIFIC) FOR CUTANEOUS PROCEDURES

It is within the scope of practice for a Registered Nurse and a Licensed Practical Nurse to perform cutaneous procedures using pigment and vascular specific lasers, provided the following criteria are met:

- I. General Requirements
  - A. Cutaneous procedures are performed upon the order of and under the supervision of a licensed provider, including a Nurse Practitioner, who possesses specific experience and expertise in laser therapy technology.
  - B. The licensed provider has determined laser power parameters and areas to be treated.
  - C. Informed consent has been obtained from the patient.
  - D. A written policy and procedure is maintained by the employer.
  - E. The employer is responsible for adhering to local, state and federal regulations regarding the use of laser technology.
  - F. Documentation of satisfactory completion of instruction, supervised clinical practice, and evidence of current competency is on file with the employer. Supervised practice of laser techniques should be first carried out using inanimate objects (i.e., fruit, vegetables), before initial application of these techniques to human subjects.
- II. Course of Instruction is to include, but not be limited to:
  - A. Anatomy and physiology of the skin surface areas to be treated.
  - B. Indications and contraindications to the use of pigment and vascular specific lasers for cutaneous procedures.
  - C. Potential adverse reactions and their treatment.
  - D. Specific considerations, including but not limited to:
    1. Laser safety
    2. Laser physics
    3. Local analgesia techniques, including ice, topical anesthetic creams and local infiltrates.
    4. Documentation of laser settings and patient response.
    5. Post procedure care and home care instructions.
    6. Operating and maintenance requirements specific to the equipment in use.
  - E. Nursing care responsibilities

#### Rationale:

The guiding principle for this opinion is that it is recognized that dermatological and/or cosmetic procedures can be safely performed by a Registered Nurse or a Licensed Practical Nurse under the supervision of a properly trained licensed care provider; this includes a Nurse practitioner, and with specialized training, skills, ongoing training and knowledge.

#### References:

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