

POLICY STATEMENT ADMINISTRATION OF BOTULINUM TOXIN BY NURSES

1. Introduction

Botulinum Toxin is commonly prescribed by doctors for the purpose of cosmetic treatments. It may be lawfully administered by either the doctor, or a nurse acting under the supervision and instruction of a doctor, and in accordance with a written order provided by the doctor.

2. The Role of Nurse Injectors

Adequately qualified and properly supervised nurse injectors can provide a valuable and appropriate service to patients undergoing cosmetic treatments, provided proper procedures are in place to ensure the required standard of care is met.

Supervising doctors must be satisfied that the nurse has adequate qualifications, training and expertise for the duties performed. Whilst it may be the nurse who administers the Botulinum Toxin, the doctor remains responsible for ensuring the treatment is provided safely and appropriately.

The doctor should be immediately contactable in order to respond to a nurse or patient's concern in a timely manner.

3. Regulatory Requirements for Schedule 4 Substances

Botulinum Toxin is a Schedule 4 substance. The precise legal requirements for the possession, use, storage and disposal of Schedule 4 substances vary between States and Territories. It is the responsibility of the prescribing doctors to be aware of the legal requirements in their jurisdiction and ensure they are complied with.

4. Premises for Injection

Botulinum Toxin should only be administered in an appropriate setting with adequate equipment and protocols in place. The premises must be properly equipped to deal with anaesthetic toxicity effects and potentially life threatening anaphylactic reactions. The premises must provide facilities and procedures for all healthcare workers to adhere to infection control principles, including safe injection practices and aseptic technique for the preparation and administration of all injectable medications.

5. Initial Consultation

The doctor's initial consultation with a patient considering Botulinum Toxin treatment should include a proper clinical history and examination, as well as a complete discussion of the realistic potential benefits, side effects and possible complications.

The treating doctor should always be satisfied of the indication for the proposed treatment, the patient's medical suitability for Botulinum Toxin and that full and informed consent has been obtained.

Remote consultations (i.e. via telephone or 'Skype') are not recommended, and may, in the opinion of the Australian Society of Plastic Surgeons, unnecessarily hamper the doctor's ability to undertake a proper patient assessment.

6. Written Instruction for Administration

The doctor must provide written instructions for the administration of Botulinum Toxin for the patient including directions on the dose, treatment frequency and area. These instructions may remain valid for a period of up to 12 months. A nurse must never administer Botulinum Toxin without a valid order from a doctor.

7. Review of Treatment Plan by Doctor

The patient and/or administration instructions should be reviewed by the doctor as necessary, including if:

- I. There is a material change in the patient's general medical condition; or
- II. The patient wishes to see the doctor for any reason whatsoever; or
- III. The nurse is concerned or unclear about the written instructions for any reason; or
- IV. An unexpected side effect, complication or result of treatment has occurred.
- V. In such cases, the doctor should personally review the patient to determine whether the treatment plan remains appropriate, and no further treatment should be given until this review has taken place.

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