

**JOINT ADVISORY OPINION OF THE SOUTH CAROLINA STATE BOARDS OF
DENTISTRY, MEDICAL EXAMINERS AND NURSING REGARDING THE
ADMINISTRATION OF NEUROMODULATORS, INCLUDING BOTOX¹**

This Joint Advisory Opinion is intended to provide guidance to licensees performing injections of neuromodulators, including Botox, for both cosmetic and non-cosmetic purposes. Non-cosmetic purposes include, but are not limited to, problems with the temporomandibular joint (TMJ), overactive bladder, cervical dystonia, chronic migraines, muscle spasms and hyperhidrosis. Each board retains the exclusive authority and responsibility to evaluate the conduct of its licensees within the context of individual facts presented in any disciplinary matter in order to determine whether conduct complained of constitutes a violation of the respective profession's applicable statutory and regulatory requirements for professional conduct.

First, a practitioner must be actively licensed to practice dentistry, medicine, or nursing in South Carolina in order to inject neuromodulators for either cosmetic or non-cosmetic purposes. Additionally, any licensee must have documented special education and training regarding the pharmacology of injectable neuromodulators, including but not limited to, contraindications, potential side effects, injection techniques and appropriate injection sites for the condition being treated, applicable storage and sterility requirements, and necessary resuscitative techniques and equipment in the event of an unexpected adverse outcome. Continuing education and competency demonstrated for these procedures is ongoing and must be documented.

Second, it is necessary to establish a bona fide physician/practitioner relationship with the patient prior to the injection of any neuromodulator for either cosmetic or non-cosmetic purposes. (S.C. Code § 40-47-113). This relationship cannot be established by an RN, but must be established by a physician, a physician assistant, or an Advanced Practice Registered Nurse (APRN). A medical record must be created for each patient and must include, at a minimum, the following information for each injection: informed consent, diagnosis of condition to be treated, record of anatomical location of injection site(s) either via photograph or diagram, dosage, and manufacturer's lot number.

Third, practitioners should adhere to the FDA and manufacturer's guidelines for storage, reconstitution, administration, and management of unused product to ensure patient safety.

Fourth, neuromodulators should only be injected in an appropriate clinical setting that ensures sterility and resuscitative capabilities. Each facility where neuromodulators will be injected should have written policies and procedures in place governing these procedures.

Fifth, cosmetic use is a delegable act to an appropriately qualified licensed person pursuant to state law and the physician, dentist, or APRN must be on site and readily available for any problems that may occur.

If a physician assistant is performing the injection, it must be done pursuant to the scope of practice executed by and established with the supervising physician. If an advanced practice

¹ The Board of Nursing is authorized to publish advisory opinions and position statements relating to nursing practice procedures and policies to establish acceptable standards of nursing practice. S.C. Code Ann. § 40-33-10(I)(1). The Board of Medical Examiners is authorized to publish advisory opinions and position statements related to practice procedures and policies to establish acceptable standards of practice. S.C. Code Ann. § 40-47-10(I)(1).

registered nurse (APRN) is performing the injection, it must be done pursuant to the written practice agreement executed by and established with the collaborating physician.

A registered nurse may only perform the injection for cosmetic neuromodulators with on-site supervision by a physician or APRN.²

Non-cosmetic use is non-delegable and must be performed by either the physician or the dentist.

Finally, patient safety is the responsibility and priority for any licensed practitioner engaged in the injection of neuromodulators, whether for cosmetic or non-cosmetic purposes.

² A Registered Nurse cannot administer botox without supervision of an APRN or physician because it is beyond the scope of practice for an RN. See S.C. Code 40-33-20(4) "Administration of medications" means the acts of preparing and giving drugs in accordance with the orders of a licensed, authorized nurse practitioner, certified nurse-midwife, clinical nurse specialist, or a physician, dentist, or other authorized licensed provider as to drug, dosage, route, and frequency) (emphasis added); S.C. Code 40-33-20 (48) (The practice of registered nursing includes, but is not limited to: (f) administering and delivering medications and treatments prescribed by an authorized licensed provider (emphasis added); S.C. Code 40-33-20(48) (noting that the definition of "practice of registered nursing" does not include diagnosing medical conditions). Additionally, an RN administering botox without the supervision of a physician or APRN constitutes the practice of medicine, as that term is defined in the Medical Practice Act. See S.C. Code 40-47-20(36) "Practice of Medicine" means: ... (b) offering or undertaking to prescribe, order, give, or administer any drug or medicine for the use of any other person; (c) offering or undertaking to prevent or to diagnose, correct or treat in any manner, or by any means, methods, or devices, disease, illness, pain, wound, fracture, infirmity, defect, or abnormal physical or mental condition of a person, including the management of pregnancy and parturition.