

Scope of Practice

CLINICAL BOUNDARIES • INTERNAL AND REFERRER DOCUMENT

Purpose of this document

This document defines precisely what clinical care Comfort Through Care provides and what it does not. It serves three functions: it is our record of disclosure to our insurer, it is the basis on which our clinical decisions can be assessed, and it is the document we provide to referring surgeons so they know exactly what we do.

It must be reviewed and updated before any new service is offered, and any change notified to our insurer.

Provider

Entity	LAAC Pty Ltd trading as Comfort Through Care, ABN 43 701 231 085
Clinician	Amelia Ryan, Registered Nurse, AHPRA registration NMW0002573851
Setting	Client's private residence (mobile service), Sydney NSW
Contact	admin@comfortthroughcare.com.au • 0410 317 352
Insurance	Vero Affinity Medical Malpractice (policy details available to referring surgeons on request)
Version / date	1.1 • 13 October 2026

Service model

Every client receives an individualised recovery plan, built around their procedure, their surgeon's post-operative instructions and their support at home. Nurse home visits start from \$160. The packages below are a guide to typical plans; the care each client receives is agreed with them before care begins.

Example package	Structure
Essential — first 72 hours	2 day visits (up to 5 hrs each) + 1 check-in (15–60 min)
Standard — first week	2 day visits + 3 check-ins
Comprehensive — two weeks	2 day visits + 7 check-ins

Individual visits and add-ons: single or extra check-in (15–60 min) \$160; single or extra day visit (up to 5 hrs) \$850; time beyond a check-in window \$150/hr pro-rated.

Services provided

Activity	Conditions and limits
Wound assessment	Assessment, documentation and escalation. Care consistent with the surgeon's post-operative instructions.
Dressing changes	In accordance with the surgeon's instructions and aseptic cleaning technique. Products used as directed or as clinically indicated.
Surgical drain management	Emptying, measuring, recording output, securing, and removal only where directed by the treating surgeon.
Suture and staple removal	Only on the direction of the treating surgeon and at the time they specify.
Post-operative observations	Temperature, pulse, blood pressure, respiration rate, oxygen saturation, pain assessment.
Compression garment fitting	Fitting, adjustment and advice on wear consistent with the surgeon's instruction.
Medication administration	Administration only of medication prescribed for the client by a medical practitioner, in accordance with the prescription and NMBA standards.
Recovery education and support	Positioning, mobility, hygiene, nutrition, activity and comfort advice within nursing scope.
Clinical escalation	Recognition and escalation of deterioration or complication to the treating surgeon, or to emergency services where urgent.

Services expressly not provided

The following fall outside our scope. They are not offered, not performed, and — in several cases — expressly excluded under our insurance.

- **Aftercare for facial thread-lifting procedures** — excluded by endorsement on our policy
- **Overnight care** — not offered under any plan
- Cosmetic injectables of any kind, including botulinum toxin and dermal fillers
- Laser therapy
- Any surgical or procedural cosmetic treatment
- Prescribing, or altering a prescription
- Diagnosis of a medical condition
- Independent management of surgical complications
- Emergency or resuscitative care beyond first aid/BLS and immediate escalation to 000
- Care that exceeds the scope of practice of a registered nurse
- Care of a client whose needs require a level of supervision or facility we cannot safely provide

Procedures accepted, with typical package

Procedure	Typical package
Otoplasty	Essential
Skin cancer excision / reconstruction	Essential
Minor liposuction (single area)	Essential or Standard
Blepharoplasty	Essential or Standard
Rhinoplasty / revision rhinoplasty	Essential or Standard
Gynaecomastia correction	Essential or Standard
Liposuction (multiple areas)	Standard
Chin augmentation / genioplasty	Standard
Breast augmentation	Standard or Comprehensive
Breast lift or reduction	Standard or Comprehensive
Breast correction / revision	Standard or Comprehensive
Arm lift	Standard or Comprehensive
Thigh lift	Standard or Comprehensive
Brow lift	Standard or Comprehensive
Facelift	Comprehensive
BBL	Comprehensive
Tummy tuck	Comprehensive
Mummy makeover (combination)	Comprehensive
Mastectomy	Comprehensive

Guide only. Each client's plan depends on their individual recovery and clinical need, not the procedure name alone. Clients with lower-intensity procedures or good support at home may need only individual check-in visits.

Conditions on accepting a client

1. The procedure is not a facial thread lift.
2. The client has provided the treating surgeon's post-operative instructions and discharge summary.

3. The treating surgeon's contact details are recorded and reachable for escalation.
4. The clinical needs identified fall within the services listed above.
5. A signed Client Service Agreement (with Schedule 1 completed) and Consent form are held.
6. A completed intake and health history is held.
7. Payment has been received in full.
8. The home environment is assessed as safe for care delivery.

When care must be declined or stopped

- The client's needs exceed this scope of practice
- The treating surgeon cannot be identified or contacted and clinical direction is required
- The client declines care that is clinically necessary and the risk cannot be safely managed
- The environment is unsafe for the clinician
- The clinician is asked to perform an activity outside this document

In each case, the decision, the reasons, and any notification to the treating surgeon must be documented in the clinical record on the same day.

Professional standards applied

- NMBA Registered nurse standards for practice
- NMBA Code of conduct for nurses
- NMBA Decision-making framework for nursing and midwifery
- Aseptic technique consistent with current infection prevention guidance

Reviewed and approved by:

REGISTERED NURSE

DIRECTOR, LAAC PTY LTD

Signature

Signature

Name (please print)

Name (please print)

Date

Date