

Procedure: Magnet swipe, Vagus Nerve Stimulator

Trainee Name: _____ Title: _____ Date: _____

| | Procedure steps | Rationale | Evaluator | Evaluator | Evaluator |
|----|--|---|---------------|---------------|---------------|
| | | | Initials/Date | Initials/Date | Initials/Date |
| 1. | Prepare and review Seizure Action Plan or emergency plan. | Plan should describe seizure type and when to swipe magnet. | | | |
| 2. | Locate magnet and prepare for use. Note location of implanted VNS generator device in chest. | The magnet, usually carried on the student or by the student's aide, should be easily accessible for use by trained school personnel. It may be located on a belt clip or wristband. | | | |
| 3. | Explain procedure at student's level of understanding. | Encourage participation with supervision for student to achieve self-care skills. | | | |
| 4. | Position student. | Student may be sitting, side- lying, or in a wheelchair. | | | |
| 5. | Tell teacher or another adult to notify health room. | Follow Seizure Action Plan or emergency plan. | | | |
| 6. | Swipe the magnet slowly over the device in less than 3 seconds. Do not hold the magnet over the device for longer than 3 seconds. The magnet will turn off the device. | More commonly, the device is implanted in the left chest. The magnet would then be swiped from mid chest at clavicle, towards left armpit to pass over the device. Clothes do not need to be removed but a heavy jacket should be opened. | | | |
| 7. | Per student's plan, pass or re-swipe the VNS as necessary. | The orders will state time between passes/re-swipe and maximum number of times (usually 60 to 90 seconds between). | | | |

| 8. Document. | Note the start time of the seizure, seizure length, time of magnet pass/swipe and/or re-swipe. |
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| Evaluator Initials | Evaluator signature |
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