#### **PROTOCOL: Vagus Nerve Stimulator (VNS) Therapy and VNS Magnet Use**

**I. Purpose**: To provide safe and effective use of the VNS magnet therapy for those individuals with a seizure disorder who have an implanted vagus nerve stimulator (VNS).

Definitions: **Licensed Nurse**: A Registered Nurse (R.N.) or a Licensed Practical Nurse (L.P.N.),

working under the direction of a registered nurse, who holds a current license issued by the

State of Connecticut under Chapter 378 of the Connecticut General Statutes.

**II. Responsibility:**

1. Training: Training will be conducted by a licensed nurse.
2. Performance:
   1. Direct care staff who have completed:
      1. Baseline competency training checklist of DDS
      2. Procedure task specific training
   2. Trained staff will follow individual procedural guidelines including notifying the licensed nurse as indicated.
3. Monitoring:
   1. The licensed nurse
   2. Trained staff performing the task under the clinical direction of the licensed nurse will notify the nurse of issues and/or outcomes as directed by the nurse.
4. Documentation:
   1. Individuals who perform the tasks will record all pertinent information as instructed by the licensed nurse.
   2. The licensed nurse will ensure agency compliance with required documentation.

**III. Training to Include:**

1. Initial: Overview of the procedure; its purpose. Demonstration of techniques by licensed nurse and return demonstration by the student.
2. Documentation of Training and Monitoring:
   1. Training: Licensed nurse completes training record of staff on “DDS Nursing Delegation Procedure Performance Evaluation Form”.
   2. Monitoring: Licensed nurse completes DDS “Nursing Delegation Task Competency Monitoring Form”.
3. Frequency of Monitoring:
   1. Staff will be monitored in their proficiency at this skill as determined by the licensed nurse but not to exceed 12 months.

**IV. Related Knowledge:**

1. Recognizing signs and symptoms of the individual’s seizure activity.
2. Understanding of the function and use of the magnet and the VNS Pulse Generator.
3. Location of individual’s Pulse Generator.
4. Care of individual experiencing seizure activity
5. When and how to communicate with licensed nurse.

STATE OF CONNECTICUT

DEPARTMENT OF DEVELOPMENTAL SERVICES

Nursing Delegation Procedure

#### PROCEDURE: Vagus Nerve Stimulator (VNS) Therapy and VNS Magnet Use

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Initial Order: \_\_\_ /\_\_\_ /\_\_\_ Dates Order Renewed: \_\_\_ /\_\_\_ /\_\_\_ (in pencil) Order:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. Diagnosis**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Purpose of Procedure:** To decrease the number and/or intensity of seizures.

- The VNS generator is surgically implanted under the skin of the chest wall. It is programmed to deliver the appropriate dose of stimulation at pre-set intervals 24 hours a day.

- The VNS magnet can be used to deliver extra electronic stimulation manually.

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Signature of Delegating RN Date of Delegation

## III. Procedure

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| **TASK** | **RATIONALE** |
| **A. Recognize seizure activity.** |  |
| **B. Gather Equipment:** |  |
| 1. VNS magnet | **•** Equipment needed to swipe over generator. The  magnet should be kept in close proximity to the  individual on VNS therapy at all times. |
| **C. Preparation of Individual:** |  |
| 1. Briefly explain procedure to individual each time | * To reduce fear and anxiety |
| **D. Perform Task:** |  |
| 1. Locate the VNS generator by touch.  2. Pass VNS magnet over the VNS Pulse  Generator for one second in a single swiping  motion, or as directed by the physician.  (There is no need to remove clothing, )  3. Observe response. If seizure continues or  reoccurs, repeat the process, waiting one minute  between swipes.  4. Discontinue swiping if seizure activity stops.  5. Follow individual’s seizure protocol and notify the  nurse/911 per protocol.  6. If 911 is called, continue to swipe every minute  until 911 responders arrive. | * To ensure proper site for use of VNS magnet therapy * To activate an extra on-demand stimulation to stop and/or decrease the intensity of the seizure. |
| **E. Check Individual’s Status** |  |
| 1. Monitor effect of the magnet therapy on the  individual’s seizure activity.  2. Monitor individual after seizure. | To provide information for the physician to accurately program the VNS generator accurately for the individual |
| **F. Care of Equipment:** |  |
| 1. Do not store the magnet near credit cards, TV’s,  computers, CD’s, microwave ovens, cell phones or  other magnets.  2. The VNS magnet is to go with the individual to all  programs and outings. | To ensure proper working order **●** To ensure immediate availability |
| **G. Documentation/Reporting:** |  |
| 1. Follow agency procedure for documentation.  2. Information must include;   * Date/time * Seizure activity data * Problems encountered * Your signature/initials   3. Report promptly the use of the VNS magnet per  written instructions as defined by the Licensed  Nurse and document. | * Ongoing record for use of VNS and medical monitoring of VNS effectiveness * To ensure accurate and complete information for report |

## PLEASE NOTE: NO TASK IS CONSIDERED COMPLETED UNTIL DOCUMENTATION AND

## REQUIRED REPORTING OCCURS. ANY CHANGE OR VARIATION FROM

## THE INDIVIDUAL’S BASELINE SHOULD BE REPORTED PROMPTLY TO THE

## LICENSED NURSE.

Attachment A: Seizure Record