

Individual Specific Training Form for

Use of VNS with: (Individual's Name) _____

<input type="checkbox"/>	1.	Review Instruction Manual
<input type="checkbox"/>	2.	Individual's Seizures
		◀ Typical frequency _____ ▶ Typical duration _____
		◀ What it looks like _____
		◀ Known triggers / auras _____
<input type="checkbox"/>	3.	Magnet location _____
<input type="checkbox"/>	4.	Where to document confirmation that magnet is available _____
<input type="checkbox"/>	5.	Location of person's implanted device _____
<input type="checkbox"/>	6.	Swipe magnet across pulse stimulator saying "one-one thousand-two" when _____ Wait _____ before repeating a swipe. Swipe up to _____ times, then _____
<input type="checkbox"/>	7.	Call 911 for seizures lasting longer than _____
<input type="checkbox"/>	8.	Where and how to document: _____
		◀ Time of seizure ▶ Length of seizure ▶ Number of Swipes
		◀ Description of seizure ▶ Other observations
<input type="checkbox"/>	9.	Other Special Instructions
		◀ How to check battery _____
		◀ How often to check battery _____
<input type="checkbox"/>	10.	Report any side effects or concerns to _____
<input type="checkbox"/>	11.	Things in the environment that may be affected by the magnet.
<input type="checkbox"/>	12.	Any other prescribed treatments for the person's seizure disorder.

IST provided by _____ to _____ on _____

IST provided by _____ to _____ on _____

IST provided by _____ to _____ on _____