

VNS: Checklist for Training

Content Covered	✓ Discussed	
1. Relevant Medical Terms (p. 1)		
2. Information about seizures (pgs. 2, 3, 4)		
3. Review parts of VNS therapy system (p. 1 & 5)		
4. Location of pulse stimulator (pgs. 1 & 5)		
5. Type, care, and storage of magnet (p. 5)		
6. How often magnet can be used (p. 5)		
8. How to use magnet with pulse stimulator (p. 5)		
9. Possible complications and side effects (p. 6)		
10. Problems to report with VNS (p. 6)		
11. When to call 911 (pgs. 2, 3, 4, 6)		
12. First aid for seizures (pgs. 3, 4)		
13. Documentation that the magnet is available (pgs. 5, 6).		
14. Documentation of use of the VNS (p. 6)		
15. Documentation of seizure activity (pg. 6)		
<p>◆ This training on the use of the VNS does NOT qualify uncertified DSP to administer medications. DSP MUST have the DODD Medication Administration Certification before being allowed to administer medications.</p>		

Trainer Name : _____ **Signature** _____ **Date:** _____

Trainees:

Name

Signature

VNS: Checklist for Return Demonstration

Steps	Date Completed Satisfactorily	Needs more instruction and supervision Date
1. State the potential signs of a seizure		
2. State the steps of Seizure First Aid		
3. State possible locations of magnet(s)		
4. Show how to locate the implanted stimulator		
5. Hold magnet correctly to swipe across the implanted stimulator		
6. Swipe the magnet across the implanted stimulator saying slowly "one - one thousand - two" then remove the magnet from the chest		
7. State that IST will indicate when and how many times to repeat swipes		
8. Describe how to care for the person after the seizure is over or if it does not stop		
9. Return the magnet to where it is kept		
10. Document time of seizure, length of seizure, description of seizure, and use of the magnet on the stimulator		
11. State when to call 911		
12. List the potential side effects		
13. Identify potential problems and who to report them to		
14. State understanding that this VNS training does not permit them to administer medications.		

Trainee name: _____ Date: _____

_____ Instructor initials Instructor Name _____

Comments:

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 _____