

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION RECORD – VNS MAGNET

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:
Unlicensed Assistive Personnel (UAP)

Vagus Nerve Stimulator Magnet		Training Record RN Initial & Date
<i>A vagus nerve stimulator is a small device implanted under the skin near the collarbone. A wire under the skin connects the device to the vagus nerve in the neck. At the first sign of a seizure a special magnet may be used to activate the device and decrease the severity of the seizure.</i>		
A. States purpose of procedure and location of student’s magnet in the school.		
B. Identifies supplies – seizure observation record, seizure action plan, magnet		
C. Procedure:		
1. At onset of seizure, document time seizure started on the seizure observation record.		
2. Position student safely, observing skin color and breathing effort.		
3. Asks another adult to bring student’s Seizure Action Plan and magnet to student.		
4. Checks Seizure action plan for Provider order.		
5. Swipe magnet over the device from the center of the body to the armpit over about 3 seconds		
6. If you are unsure an effective swipe was made, swipe the magnet again. You may swipe after 60 seconds for another activation if seizure continues. This is not harmful to the student.		
7. After magnet has been swiped over device, keep student in safe position, note time applied and continue to observe.		
8. Document observations on seizure observation record.		
9. Call EMS (911) if indicated in Seizure Action Plan and provide them with a copy of plan.		
10. Notify parents, nurse consultant and other appropriate personnel as directed in seizure action plan		
Competency Statement		Training RN Signature & Initial
Emergency Activation Vagus Nerve Stimulator: Describes emergency response to seizure and demonstrates correct performance of simulated emergency activation of vagus nerve stimulator.		

DELEGATION AUTHORIZATION			
I have read the care/medication plan, been trained and am competent in the described procedures for Vagus Nerve Stimulator. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.			
Delegatee Signature:	_____	Delegation Decision Grid Score	_____ Date _____
Delegating RN Signature:	_____	Initial	_____ Date _____

“This document and the information it contains was created by Children’s Hospital Colorado (“CHCO”) to serve as a guideline and reference tool for use by CHCO employees while acting within the scope of their employment with CHCO. The information presented is intended for informational and educational purposes only. It is not intended to take the place of your personal physician’s advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call, consultation or advice of your physician or other health care provider.

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RN Initial & Date	<p align="center">Procedure</p> <p align="center">√ = acceptable performance</p>	<p align="center">Follow Up/ Supervision Plan / Comments</p>
	<input type="checkbox"/> Procedure Reviewed <input type="checkbox"/> Seizure emergency management response <input type="checkbox"/> Emergency activation vagus nerve stimulator <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments:
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Delegating RN Signature _____ Initials _____