



VAGAL NERVE STIMULATOR SUPPLEMENTAL PLAN
SCHOOL YEAR: _____

STUDENT NAME: _____ DOB: _____
SCHOOL : _____ STUDENT ID: _____

Description/History:

Student has a vagal nerve stimulator (VNS) which appears like a hockey puck-sized disc under the skin in the left chest. The VNS is used to stimulate the vagus nerve to try to stop or decrease the intensity or duration of a seizure. The VNS will stimulate the vagus nerve at regular intervals but the student may deliver additional stimulations by swiping a magnet over the stimulator or stop the stimulations by leaving the magnet over the stimulator. You can feel the stimulator and may also be able to feel a lead under the skin – **DO NOT** manipulate the nerve stimulator or the lead.

A. If the student indicates that they feel a seizure might be starting:

1. Assist the student in swiping the VNS with the magnet (make sure that the magnet is swiped for at least 1 second and the label side of the magnet is over the VNS)
2. After the magnet has been swiped wait at least one to two minutes before swiping again. If the student still feels the possible start of a seizure continue to swipe the magnet every one to two minutes and contact the parents.

B. If the student has a seizure:

1. Swipe the VNS with the magnet as soon as possible once the seizure starts.
2. If the seizure continues, swipe the magnet over the VNS again up to 2 times, waiting 1 –2 minutes between each swipe. **Do not keep swiping if the seizure continues** – begin steps on seizure management plan.
3. In addition to seizure documentation, note number of times magnet swiped and the exact times.

C. If the student complains of intense neck pain, hoarseness, choking, difficulty breathing or painful, irregular or continuous stimulation:

1. Stop the stimulator by placing the magnet label facing the chest over the stimulator and tape in place.
2. Call the parents immediately.
3. If unable to reach the parents, call 911.

Copy of this plan has been provided to Transportation Supervisor Yes No

Parent Signature

Date

County School Nurse Signature

Date