

Outreach Services of Indiana
FSSA – State of Indiana
VAGUS NERVE STIMULATOR (VNS) PROTOCOL

Name _____

The following is intended as a guideline. This protocol does not supersede facility policy, nursing judgment or physician orders.

Vagus Nerve Stimulation

A VNS is a small device that is implanted under the skin (like a pacemaker) in the left chest area by the collarbone. The VNS emits mild signals or impulses of electrical energy to the brain via the vagus nerve. These signals or impulses may prevent or shorten a seizure

Call 911

- If the person is not breathing or is having difficulty breathing after a seizure and VNS is not effective.
- If the skin remains bluish-gray after a seizure
- If the seizure lasts more than _____ minutes
- If the person has 2 or more seizures without regaining consciousness
- If the person sustained serious injury during a seizure
- ***Follow agency specific emergency protocols***

Signs/ Symptoms of Problems with VNS:

- Prolonged seizure activity
- Duration or intensity of the seizure does not decrease (than prior to VNS)
- Redness, increased warmth, or skin irritation to site of the VNS device (left collarbone)
- Increased coughing, throat irritation, and/ or pain
- Shortness of breath
- Difficulty swallowing
- Signs that the device is not working or needs adjusted = increased intensity, severity, duration of seizure.
- Person specific signs of problems with VNS: _____

How To Use:

The VNS magnet should be with the person at all times. In the event of a seizure, or an aura (if noted), the magnet is to be slowly moved across the left chest over the VNS device. This may stop decrease the length and/or severity of the seizure. It may also decrease the time it takes to recover from the seizure. **Do not hold the magnet over the VNS for a long period of time as it will shut the device off.**

Special instructions: _____

When a person voices or shows signs/symptoms of an aura (*thinks or feels will have a seizure*):

Obtain the magnet immediately and move the magnet slowly across the left chest/ collarbone area over the VNS after ensuring the person's safety.

Documentation of VNS:

Document all seizure activity and use of VNS on your facility seizure documentation form.

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Completed by: _____ Date: _____

Reviewed by:					
Reviewer:					