Emergency Plan-Diaphragmatic Pacer

School Name:	School Year:		
Student name:			
Provider's Name:			
	_		
Medical condition:			
		Place student	
		picture here	

Diaphragm pacing is a form of mechanical ventilation. Small electrodes are implanted on the phrenic nerve. The phrenic nerve is responsible for breathing as the motor part of the diaphragm; it transmits the electrical signal from the brain to the diaphragm. This nerve then receives signals from an external transmitter device worn by the child. This external device, about the size of a remote, is connected to wires on the chest. Since power for the contraction is supplied via this external transmitter, there are no implantable batteries inside the child. The result is a diaphragm contraction which mimics natural breathing as it allows the lungs to fill with air; imitating inhalation. Next, the transmitter then stops which sends a signal allowing the diaphragm to relax; imitating exhalation.

Student complaints/ observations	Educator Actions	Nursing Action/Intervention
Difficulty breathing	 Notify private duty nurse. Call school nurse/health room. 	 Reposition. Turn off stimulator, remove cable and place student back on ventilator. Use ambu bag as needed.
Pulse ox below limit	 Notify private duty nurse. Call school nurse/health room 	 Reposition, verify pulse ox is accurate reading. Place back on ventilator.
 If alarm on pacer sounds Constant 10 second beep each hour: switching to internal backup battery 20 second beep each minute: internal backup battery low 	 Notify private duty nurse. Call school nurse/health room. 	 For constant beep, reconnect cable if out. For 10/20 second alarm, turn off stimulator, hook student back to ventilator. The device battery requires replacement and is not safe to use at this time.

Parent Signature:	Date: