

GENERAL

MANAGEMENT OF PATIENT SUBDUED BY TASER

Local police departments may use a conductive energy weapon called a Taser. This device is a non-lethal tool. When used, the device discharges a wire that at the distal end contains an arrow-like barbed projectile that penetrates the suspect's skin and embeds itself, allowing a 5-second incapacitating electric shock to be administered. Depending on the agency, officers may or may not routinely initiate EMS response when the device is discharged on a suspect. However, EMS will likely be requested if the Taser strikes the patient in the face, neck, groin or spinal column or other complications arise.

Scene Safety Consideration:

Before touching any patient who has been subdued using a Taser, ensure the officer has disconnected the wires from the hand held unit.



Assessment of the patient that has been Tasered:

1. Use BSI precautions, perform initial assessment and treat ABC problems.
2. Identify location of probes on the patient's body. If **any** of the probes are embedded in the following areas **do not remove**, transport the patient to an Emergency Department:
Face, neck, bone, groin or spinal column
3. Confer with the officer and determine the patient's condition from the time of the Taser discharge until EMS arrival.
4. Obtain baseline vitals. ALS include: ECG monitoring for cardiac abnormalities and, if patient is greater than 35 years old, consider 12-lead evaluation.

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the patient's clinical presentation and on authorized policies and guidelines.

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5. Obtain history from the patient including date of last tetanus shot and any cardiac history. Document on PCR.

Removal of probes by EMS Providers:

If the probes are located in an area not excluded previously, they may be removed. To remove:

- Place one hand on the patient where the probe is embedded and stabilize the skin surrounding the puncture site
- Place your other hand firmly gripping the probe
- In one **quick** fluid motion pull the probe straight out of the puncture site
- Repeat procedure with second probe
- Removed probes should be handled and disposed of like contaminated sharps in a designated sharps container

Treatment and Follow up instructions:

1. Clean puncture sites and bandage.
2. If patient has not had a tetanus shot in the last 5 years, they should be advised to get one.
3. Transport decisions regarding patients subdued by Taser should be based on patient condition.
4. If transport is indicated based on patient condition and the patient refuses treatment and/or transport, they should be advised to seek medical attention immediately or to contact EMS if they experience any abnormal signs or symptoms. Exceptions to the right to refuse may be altered mental status due to alcohol or drug intoxication or under arrest by police. Confer with local law enforcement.

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