

APPENDIX: 20

TITLE: TASER CARE SUPPLEMENT

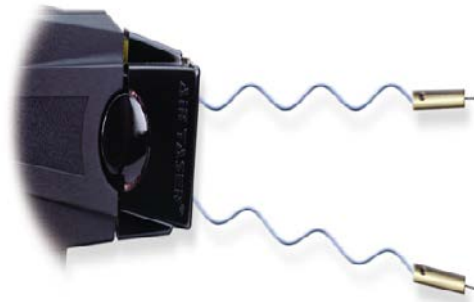
REVISED: November 1, 2017

Scene Safety Consideration:

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

Taser and Probe:

Taser X-26



Taser M-26

Assessment of a Patient who has been Tasered:

- Identify the location of the probes on the patient's body. *If **any** of the probes are embedded in the following areas **do not remove them and transport** the patient to an Emergency Department:*
 1. Face
 2. Neck
 3. Groin
 4. Spinal Column
 - Confer with the officer/deputy and determine the patient's condition from the time of the Taser discharge until EMS arrival
 - Assess vital signs, including ECG monitoring for potential cardiac abnormalities. If 35 years of age or older obtain a 12-Lead for evaluation
 - Determine from the patient:
 1. Date of Last Tetanus
 2. Any Cardiac History (perform a 12-lead)
 3. Any ingestion of a mind-altering stimulant (Phencyclidine (PCP), meth, etc.)

All of these assessment findings should be documented thoroughly in the Patient Care Report.

Removal of Probe by EMS System providers:

If the probe is located in an area not specified above it can be removed by a Paramedic or EMT. To remove the probe:

- Place one hand on the patient in the area where the probe is embedded and stabilize the skin surrounding the puncture site. Place your other hand/pliers firmly around the probe
- In one fluid motion pull the probe straight out from the puncture site
- Repeat procedure with second probe
- Document removal procedure and any complications or comorbidities

Removed probes should be handled like contaminated sharps and should be placed in a urine specimen container to be provided by the officer/deputy. They will likely log the probes into evidence.

Treatment and Follow Up Instructions:

- Cleanse puncture sites and bandage as appropriate
- Place triple antibiotic ointment on the puncture sites
- If patient has not had a tetanus shot in the last five (5) years they should be advised to acquire one
- If the patient is combative and needs to be chemically restrained, then they must be transported to the *Emergency Department*
- All patients with altered mental status require a full assessment and *Emergency Department* evaluation

Other Considerations:

There have been some recent reports of deaths involving the use of a Taser on combative patients. When closely reviewed, these deaths have almost always involved improper or prone restraint, agitated delirium, hyperdynamic drugs, and hyperthermia as major co-morbid factors.

Therefore, it is imperative that these patients receive a thorough assessment for these risk factors, and are not restrained in an improper position. If a patient remains combative, or has other priority s/s (including altered LOC), then further treatment and transport is called for.