

APPENDIX: N

TITLE: TASER CARE SUPPLEMENT

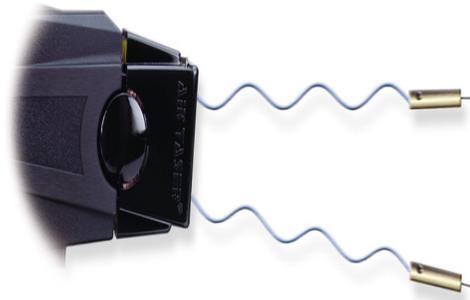
REVISED: 15 April 2006

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

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.

Finally, the fact that Tasers are becoming controversial makes it imperative that documentation addresses not only taser removal, but all co-morbid factors as well.