

TASER Barb Injury

If you are using this protocol you should also evaluate for **Hyperactive delirium with severe agitation** see corresponding protocol as well as **Trauma Preambles**

Documentation on ALL patients should include:

- (1) History of incident
 - why TASER was used
 - type of shock delivered (probe vs. direct stun, # of cartridges, duration of shock)
 - patient's mental status before and after to TASER use
- (2) Restraining positions used by Police and/or EMS
- (3) Location of all barbs and who removed them (Police or EMS)

Ensure scene safety
Confirm barb cartridge is disconnected from device
(do not cut wire unless authorized by Law Enforcement)

Consider polytrauma from physical confrontation or from a fall after the TASER shock

Routine Medical Care / Routine Trauma Care including

- VS (BP, HR, RR, SpO2, Temp, GCS)
- Cardiac monitoring & 12 lead EKG
- Capillary Blood Glucose

Altered mental status or agitation present?

Yes

Treat according to **Altered Mental Status or Hyperactive delirium with severe agitation** protocol

No

Arrhythmia, chest pain, palpitations, or dyspnea present?

Yes

Treat according to appropriate **Cardiac** or **Medical** protocol

No

Does patient require transport?
(If any of the following are yes)

- Persistently abnormal vital signs
- Hyperthermia >104°F
- Altered mental status or Hyperactive delirium with severe agitation
- Complaints of chest pain, shortness of breath, palpitations or headache
- History of coronary artery disease
- History or exam findings to suggest recent amphetamine or hallucinogenic drug use
- TASER barb located in sensitive area (head, neck, hands, feet, groin, female breast)
- Patient requests transport to the hospital

Yes

Leave TASER barb(s) in place

- Transport patient on cardiac monitor
- Perform frequent cardiac, vascular, and neurologic reassessments during transport
- Document initial and repeat assessments performed

No

- Remove TASER barb(s) according to policy/procedure
- Handle probe as a contaminated sharp unless required to return to Law Enforcement for evidence
- Provide first aid and local wound care

Does patient still refuse transport or is patient being taken into custody?

Yes

- Advise patient to monitor for signs of infection (fever, redness, swelling, discharge, localized pain or warmth)
- Advise patient to obtain tetanus vaccination within 72 hours if they have not in the last five years
- Obtain AMA

No

- Transport patient on cardiac monitor, ETCO2 if pt allows
- Perform frequent cardiac, vascular, and neurologic reassessments during transport
- Document initial and repeat assessments performed

EMS providers responding to a TASER'ed patient **DO NOT** perform a "medical clearance" exam for Law Enforcement

