

Protocol 4-10

SECTION: Adult Trauma Patient Care

PROTOCOL TITLE: Injury – Conducted Electrical Weapons
(i.e. Taser)

REVISED: 06/2017

CONDUCTED ENERGY DEVICE INJURIES

OVERVIEW:

A conducted energy device is a non-lethal, battery-operated device that can deliver 50,000 volts of electricity in rapid pulses that stimulate the nerves in the body. This high-voltage, low-amperage electrical discharge overrides the body's muscle-triggering mechanisms causing neuromuscular incapacitation. This neuromuscular incapacitation overrides the patient's sensory and motor nerves of the peripheral nervous system by disrupting the electrical impulses sent by the brain to command skeletal muscle function.

HPI	Signs and Symptoms	Considerations
<ul style="list-style-type: none"> Events leading to incident Drug, ETOH ingestion Medical history (especially cardiac) Medications Last tetanus 	<ul style="list-style-type: none"> Local injury Altered mental status, unconsciousness Respiratory distress Chest pain Cardiac, respiratory arrest 	<ul style="list-style-type: none"> Drug / ETOH ingestion Cardiac rhythm disturbance Myocardial infarction Respiratory arrest Cardiac arrest

	EMR	EMT	A	I	P
1. Perform general patient assessment.	•	•	•	•	•
2. Administer oxygen, to maintain <u>SPO₂</u> 94 - 99%. Support respirations as necessary with a BVM.	•	•	•	•	•
3. Determine history of events between the time the weapon was used until EMS arrived.	•	•	•	•	•
4. Per patient assessment (chest pain / palpitations) place patient on cardiac monitor and obtain / interpret <u>12 lead ECG</u> . Refer to appropriate <u>Cardiac Care protocol</u> .		•	•	•	•
5. Establish IV of Normal Saline at KVO rate, per assessment.			•	•	•
6. If patient is agitated or combative, refer to <u>Behavioral Emergencies protocol</u> .	•	•	•	•	•
7. Transport promptly in position of comfort and reassess as needed.		•	•	•	•

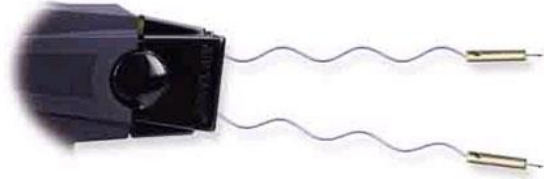
The current medical literature does not support routine performance of laboratory studies, electrocardiograms, or prolonged ED observation or hospitalization for ongoing cardiac monitoring after CEW exposure in an otherwise asymptomatic, awake and alert patient.

MedScape:
Emergency Department Evaluation After Conducted Energy Weapon Use
Review of the Literature for the Clinician
Gary M. Vilke, MD; William P. Bozeman, MD; Theodore C. Chan, MD

Protocol 4-10

Continued

CONDUCTED ENERGY DEVICE INJURIES



PEARLS:

1. If deployed by law enforcement, before touching any patient that has been subdued using a conducted energy device, ensure that the law enforcement officer has disconnected the deployment cartridge from the hand held unit.
2. If deployed by law enforcement, the probes and all connecting wires are considered evidence by law enforcement and should be maintained for collection.
3. Due to case reports of deaths associated with subjects subdued with these types of devices, all victims should be transported to the hospital for a thorough evaluation.
4. Encourage law enforcement to accompany patient, in ambulance, during transport to receiving facility.