REGION 11 CHICAGO EMS SYSTEM PROTOCOL	Title: Conducted Electrical Weapon Injury (TASER) – BLS/ALS
	Section: Toxins and Environmental
	Approved: EMS Medical Directors Consortium
	Effective: August 15, 2024

CONDUCTED ELECTRICAL WEAPON INJURY (TASER) – BLS/ALS

I. PATIENT CARE GOALS

1. Manage the condition that triggered the application of the conducted electrical weapon with special attention to patients with agitated behavior (see Behavioral Emergency Protocol).

2. Ensure patient is appropriately secured with assistance of law enforcement to protect the patient and EMS clinicians.

3. Perform comprehensive trauma and medical assessment for injuries (e.g., from falls or altercations or concomitant medical issues).

4. If discharged from a distance, up to two single barbed darts (13 mm length) should be located, but not removed.

II. PATIENT PRESENTATION

A. Inclusion Criteria

1. Patient received either a weapon's direct-contact discharge or struck by the barbed dart of a conducted electrical weapon.

2. Patient may have sustained fall or physical confrontation trauma.

3. Patient may be under the influence of toxic substances and or may have underlying medical or psychiatric disorder.

B. Exclusion Criteria

None

III. PATIENT MANAGEMENT

A. Assessment

1. Once patient has been appropriately secured with assistance of law enforcement, perform primary and secondary assessment including cardiac monitor, pulse oximeter, and consider 12-lead ECG.

2. Perform a complete patient assessment – identifying the site of barbs if present.

B. Treatment and Interventions

1. Make sure patient is appropriately secured with assistance of law enforcement to protect the patient and responders. Consider medications for agitation if patient may harm themselves or others.

2. Treat all barbed darts as a foreign body and leave them for physician removal in the hospital.

3. Treat medical and traumatic injury.

C. Patient Safety Considerations

1. Make sure the cartridge has been removed from the conducted electrical weapon.

2. Patient should not be restrained in the prone or face down position as respiratory compromise is a significant risk. There should be no compressive force placed on the patient's chest or neck.

3. The patient may have underlying pathology before being tased (refer to appropriate Protocols for managing the underlying medical/traumatic pathology).

4. Perform a comprehensive assessment with special attention looking for signs and symptoms of active medical decompensation.

5. Transport the patient to the hospital.

6. EMS clinicians who respond for a conducted electrical weapon patient should not perform a "medical clearance" for law enforcement to then take the patient to a non-medical facility.

IV. NOTES/EDUCATIONAL PEARLS

A. Key Considerations

1. Conducted electrical weapon can be discharged in three fashions:

   a. Direct contact without the use of the darts
   b. A single dart with additional contact by direct contact of weapon
   c. From a distance up to 35 feet with two darts

2. The device delivers 19 pulses per second with an average current per pulse of 2.1 milliamps which, in combination with toxins/drugs, patient's underlying diseases, excessive physical exertion, and trauma, may precipitate arrhythmias. Thus, consider cardiac monitoring and 12-lead ECG assessment.

3. 'Drive Stun' mode on some TASER® devices is a capability that allows for direct weapon two-point contact, which is designed to generate pain and not incapacitate the individual. Only local muscle groups are stimulated with the 'Drive Stun' technique.

B. Pertinent Assessment Findings

1. Thoroughly assess the patient for trauma as the patient may have fallen from standing or higher.

2. Ascertain if more than one TASER® cartridge was used (by one or more officers, in an effort to identify total number of possible darts and contacts).