EMS Adult Protocols

<table>
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<th>Protocol Title:</th>
<th>Taser Deployment</th>
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<td>Original Adoption Date:</td>
<td>07/2005</td>
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<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<td>Chad Torstenson M.D.</td>
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**Purpose:**
For all patients that have been recipients of Taser deployment

**Definition:**
Taser Device – means any device that is powered by electrical charging units, such as batteries, which fires one or several barbs attached to a length of wire and which upon connecting with a human can send a current capable of disrupting a person’s nervous system in such a manner to render him/her incapable of normal functioning.

**Policy:**
All patients that are in contact with West Des Moines EMS personnel shall be evaluated and a decision shall be made if the patient requires further medical evaluation to rule out any serious underlying medical conditions.

**Management**
1. Follow initial protocol for all patients.
2. Consider oxygen and obtain IV access with IV fluids.
3. Assure your safety. Encourage police to secure the subject with handcuffs behind his/her back but the patient should not be maintained in a prone position or with hand cuffs attached to ankle cuffs behind the subjects back (i.e. hog tie or hobble position.)
4. Remove barbs unless they are in the eye, testicle, neck, or female breast, or in or on a medical device (AICD, Central Line, etc.) Keep in mind that barbs embedded overlying vascular structures may involve underlying vessels (i.e. volar wrist, groin, and armpit). Monitor areas of removed barbs for bleeding or hematoma formation. If bleeding or a hematoma occurs, use direct pressure to the area.
5. Check for other injuries and treat appropriately. Consider occult trauma or potential for toxic ingestions.
6. Since continued physical restraint is likely necessary to ensure your safety and that of the patient.
7. Consider Agitation Protocol
8. Consider SODIUM BICARBONATE 1-3 amps (50-150 mEq) IVP if the patient is showing signs of hemodynamic instability or cardiac dysrhythmia (i.e. bradycardia, QRS widening or frequent ecotopy)

Special Considerations:
Patients that continue aggressively fighting against physical restraint are at risk for acidosis and death. Keep in mind that benzodiazepines are the first line treatment of sympathomimetic (cocaine, methamphetamine, and crack) toxicity, which commonly precipitates excited delirium.

In a case series of patients that suffered extreme acidosis from resisting arrest, IV administration of sodium bicarbonate may have helped preserve cellular function. Signs suggestive of extreme acidosis after extreme physical exertion include altered mental status, and an increased respiratory rate or volume. In the late stages, respiratory depression and hemodynamic instability occurs and often result in death.

An ominous finding in the excited delirium patient is a period of tranquility after the struggle. Noted just prior to death in many cases the patient suddenly becomes quiet with deep respirations.

Release or Transport to Hospital Considerations:

Generally, releasing patients to jail after Taser deployment is safe if the subject is:
- No longer combative
- Alert and conversant
- Has no evidence of significant bodily injury
- Does not appear to be in physiologic danger from alcohol or drug intoxication
- Taser darts have been removed from approved sites without bleeding or hematoma formation

For the following patients it will be necessary to receive further evaluation at the hospital:
1. Patients that have obtained benzodiazepines for agitation
2. Patients with continued agitation despite physical restraints
3. Patients with alteration in mental status, significantly abnormal vital signs, or an abnormal EKG
4. Patients that have swallowed drugs in an attempt to evade recognition by police
5. Patients that admit to or are suspected of drug “packing “
6. All patients under the age of 18
7. Pregnant women