King County EMS personnel have seen an increase in the number of patients who have been subdued with TASER® stun guns by law enforcement officers in the past few years. The following guideline addresses evaluation and treatment of these patients.

A TASER works by firing two wire-attached darts that can strike a suspect from up to 15 feet or more. It delivers up to 50,000 volts of electricity to the recipient. This jolt of electricity is not harmful to vital body functions such as heart rhythm, pacemaker function or respirations. Each electric discharge lasts a total of 5 seconds and is controlled by the officer who fires the device.

The TASER dart usually penetrates the skin only a few millimeters. EMTs can safely remove a dart simply by pulling it out. The only exception is involvement of the eye, face, neck, breast or groin. In this case, leave the dart in place and transport the patient to the hospital for dart removal.

Strongly consider scene safety and measures to protect yourself and other rescuers from a potentially violent patient in situations when a TASER gun has been used. You do not need to transport a person to the hospital based solely on TASER dart exposure. If a patient has no need for further medical evaluation, you can leave him or her in police custody.
TASER DART REMOVAL AND CARE

This skill may be performed by EMT-B and ALS providers. (Depending on local protocol.)

ALS Indicators

Compromise in ABCs

BLS Indicators

Taser dart imbedded in skin

BLS Care

Assure the scene is safe
Wear PPE including gloves and eye protection – consider mask and gown if blood is present
Break or cut wires before removing darts
  • Darts are a sharps hazard – treat as contaminated needle
  • Dispose of darts in sharps container or TASER® cartridge
Police must be in custody of patient
Restrain if needed

Removal Procedure

DO NOT REMOVE darts if:
  • Patient is not under control
  • Eye, face, neck, breast or groin are involved – patient must be transported to hospital for dart removal in this case
Grasp firmly with one hand and pull to remove, one dart at a time
Reassess patient
Consider medical or behavioral problems as the original cause of violent behavior
  • Drug/alcohol intoxication
  • Behavioral problems
  • Trauma, etc.
Bandage wounds as appropriate
Document situation and patient contact thoroughly

**Patient Disposition**

Release to law enforcement if indicated

Transport with law enforcement support if:

- Eye, face, neck, breast or groin are involved
- ALS indicated
- Law enforcement officer requires medical evaluation. Police protocol may require transport. This may be by PD or ambulance.

Follow Patient Care Guidelines regarding restraint of aggressive or violent patients

**Burn Hazard**

When the TASER is used in the presence of some commercially available pepper spray, there is a burn hazard. Electrical arcing from imperfect (but effective) dart contact can ignite the pepper spray...they may ignite causing burns. The resulting combustion may not be visible, but can lead to complaints of heat and burning. If a patient complains of heat or burning, evaluate for possible minor burns.