



TASER – ADULT/ADOLESCENT

ALS STANDING ORDERS:

1. If Taser barb(s) can be removed with pulling of the Taser barb wire, remove barb, otherwise leave barbs in place and transport to nearest ERC.
2. Barbs embedded in the face, eye, hand, foot, or groin should be left in place and patient transported to nearest ERC.
3. Assess victim's pulse:
 - A. If pulse regular, vital signs are stable, patient mentally competent and not requesting transport for medical evaluation:
 1. May return (without transport) to custody of law enforcement with recommendation that "victim be medically screened at intake or an emergency department" and document conversation on PCR.
 - B. If pulse irregular, vital signs unstable, or victim exhibits signs of altered mental status or excited delirium:
 1. Cardiac monitor, if patient cooperative, and document rhythm with strip,
 - ▶ Treat symptomatic bradycardia or unstable tachycardia using Cardiac SO-C-20 (Bradycardia) or SO-C-25 (Narrow Complex Tachycardia).
 2. Obtain pulse oximetry and if oxygen saturation less than 95%, administer oxygen:
 - ▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
 3. Blood glucose analysis, if blood glucose less than 80, administer one of:
 - ▶ *Oral glucose preparation, if tolerated and airway reflexes are intact.*
 - ▶ *10% Dextrose 250 mL IV*
 - ▶ *Glucagon 1 mg IM if unable to establish IV.*
- Note: *IO access may be used for dextrose administration when patient is unconscious with blood glucose < 80, unable to establish IV and there is no response to IM glucagon.*
4. If presenting in state of **excited delirium**, transport immediately to nearest ERC. If agitation interferes with loading for transport give:
 - ▶ *Midazolam 5 mg IM/IV/IN once for sedation (assist ventilation and support airway if respiratory depression develops).*
 - ▶ *Venous access, if can be safely established, and give 250 mL Normal Saline fluid bolus, continue Normal Saline as a wide open infusion to attain or maintain perfusion (palpable radial pulse, good skin signs, and appropriate mental status).*
5. ALS escort to nearest ERC or contact Base Hospital as needed for further orders.

Approved:

Review Dates: 05/16, 11/16
Final Date for Implementation: 04/01/2017
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TREATMENT GUIDELINES:

- Patients who show signs of agitation and irrational thought should be considered to have Excited Delirium and should be immediate ALS escort to the nearest appropriate ERC.
- If restraints required for safe transport of patient, refer to OCEMS Policy # 330.57.

Approved:

A handwritten signature in blue ink, appearing to read "S. Phatthanasri".

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