



Jackson Hole Fire/EMS Operations Manual

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Title: **Procedure Guidelines:
Electrical Control Dart
Removal**

Division: 17

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ELECTRICAL CONTROL DART REMOVAL (Procedure Guidelines)

SCOPE OF PRACTICE: EMT to Paramedic

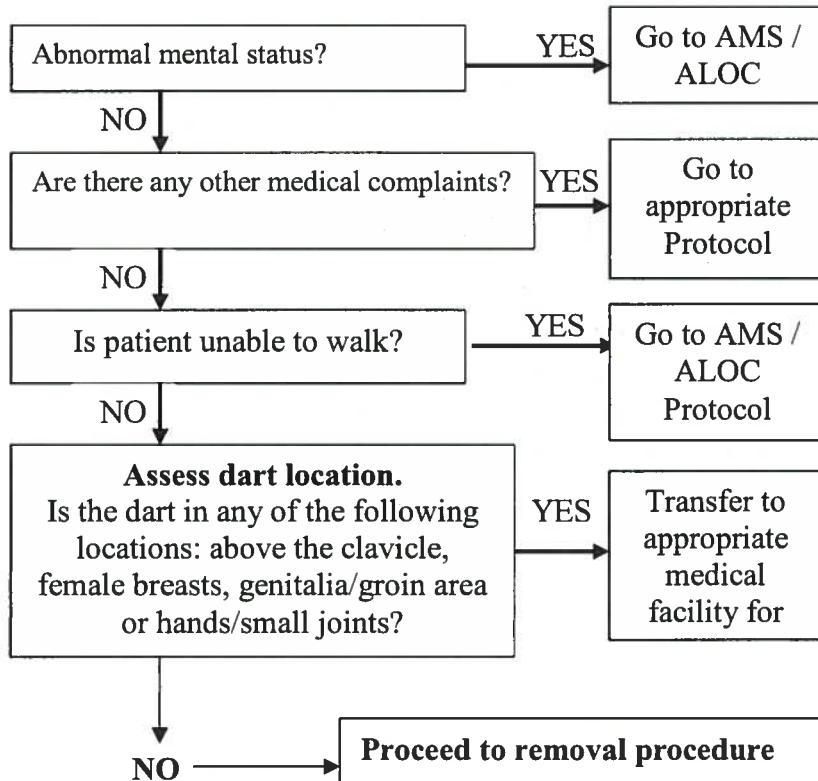
INDICATIONS:

- Status post TASER or other electrical control device (ECD) application with retained barbs.

CONTRAINDICATIONS:

- None

PRE-PROCEDURE ASSESSMENT:



ACTUAL SCALE / SIZE:

Barb is a straight #8 fishhook with a length of 4mm and entire dart length less than 1 cm.

PROCEDURE:

- Use universal precautions.
- Confirm that wire is cut or disconnected from the TASER gun.
- Use one hand (usually non-dominant) to pull and spread skin around the wound area in a taught manner, while keeping fingers at least one inch away from the puncture site.
- Use other hand to grasp barb, apply forceful in-line traction and quickly pull out.
- Clean wound area and apply dressing as needed.
- Dispose of dart barb as a "contaminated sharp".
- Check patient's tetanus status and advise to obtain in 72 hours if last vaccine has been greater than 5 years.
- Document procedure on Pre-hospital Care Report (PCR), if "yes" to any of above questions.

Post-procedure treatment and vitals:

- If HR is **less than 50 or greater than 110 AND** systolic blood pressure (SBP) is **less than 100 mm/Hg or greater than 160 mm/Hg** contact medical control and discuss refusal.
- If HR not within normal range, call base hospital. If SBP is between 160-200, wait 10 minutes and repeat vitals. If SBP > 200 or between 160-200 after 10 minute recheck, contact medical control to discuss disposition.

Special Considerations/Notes:

- Review differential (see Behavioral Emergency and ALOC protocol) regarding why the patient may have needed the use of a TASER to begin with: causes include drug and alcohol intoxication, psychiatric illness, developmental delay, head injury and any causes of ALOC (e.g hypoglycemia, hypoxia, infection, etc.)
- Re-examine patient thoroughly, looking for any other primary or secondary injuries that may have occurred directly from the electrical discharge, from any subsequent fall, or any physical struggle before, during or after immobilization/restraint application.
- Primary electrical injuries are very rare and there are no true reports of direct death related malignant dysrhythmias.
- Secondary injuries may include, but are not limited to; (1) fall-related injuries such as fractures, lacerations/abrasions, sprains, and intracranial hemorrhage, (2) muscle contraction related injuries such as rhabdomyolysis, renal failure, and (3) any other injuries related to subduing the agitated individual.
- TASER® is short for "Thomas A. Swift Electric Rifle"