State and local law enforcement may use a conductive energy weapon called a Taser. When used, the device discharges a wire that, at the distal end, contains an arrow-like barbed projectile that penetrates the suspect's skin and embeds itself, allowing a 5-second incapacitating electric shock. Current medical literature does not support routine medical evaluation for an individual after Taser application. **In most circumstances probes can be removed by law enforcement without further medical intervention.**

Medical Procedures   6.6

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EMT/ ADVANCED EMT / PARAMEDIC STANDING ORDERS

EMS should be activated following Taser application in the following circumstances:
- The probe is embedded in the eye, genitals or bone.
- Seizure is witnessed after Taser application.
- There is excessive bleeding from probe site after probe removal.
- Cardiac arrest, complaints of chest pain, palpitations.
- Respiratory distress.
- Change in mental status after application.
- Pregnancy.

INDICATIONS FOR REMOVAL
- Patient with uncomplicated conducted electrical weapon (Taser) probes embedded subcutaneously in non-vulnerable areas of skin.

CONTRAINDICATIONS TO REMOVAL
- Patients with probe penetration in vulnerable areas of the body as mentioned below should be transported for further evaluation and probe removal.
- Genitalia, female breast, or skin above level of clavicles.
- Suspicion that probe might be embedded in bone, blood vessel, or other sensitive structure.

PROCEDURE
1. Ensure wires are disconnected from weapon.
2. Stabilize skin around probe using non-dominant hand.
3. Grasp probe by metal body using dominant hand.
4. Remove probe by pulling straight out in a single quick motion.
5. Removed probes should be handled and disposed of like contaminated sharps in a designated sharps container, unless requested as evidence by police.
6. Cleanse wound and apply dressing.
7. If last tetanus immunization was greater than 5 years, advise the patient that they may need one.
8. Obtain a refusal of care for patients refusing transport.