

Clinical Practice Statement:

What Evaluations Are Needed in Emergency Department Patients after a TASER Device Activation? (7/12/10)

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Use of Conducted Energy Weapons (CEW) such as the TASER includes delivery of a series of brief electrical pulses, which result in pain and muscular contractions. The pulses may be delivered via a pair of sharp metal probes fired from the device, commonly referred to as “probe mode”, or by direct contact with the front of the device, commonly referred to as “drive stun” or “touch stun” mode.

The current human literature has not found evidence of dangerous laboratory abnormalities, physiologic changes, or immediate or delayed cardiac ischemia or dysrhythmias after exposure to CEW electrical discharges of up to 15 seconds. Therefore the current medical literature does not support routine performance of laboratory studies, EKGs, or prolonged Emergency Department (ED) observation or hospitalization for ongoing cardiac monitoring after CEW exposure in an otherwise asymptomatic awake and alert patient.

Testing for cardiac conduction or injury, or other physiologic effects of CEWs may be appropriate in individual cases based on medical history such as cardiac problems or symptoms like chest discomfort, shortness of breath or palpitations suggestive of cardiac issues, pain suggesting muscle contraction injuries, or prolonged CEW exposure >15 seconds. Coexisting conditions like intoxication, prolonged struggling, altered mental status, or symptoms of excited delirium syndrome may also be present in patients exposed to CEWs, although the CEW does not appear to be the precipitating factor. Presence of these findings should prompt additional evaluation or treatment per physician discretion.

For CEW activations in the probe mode, patients should be screened for injuries related to the dart penetration or surface burns due to CEW use, as well as injuries associated with falls and muscle contractions. Among patients who had a CEW activation in drive stun or touch stun mode, evaluation should focus on skin manifestations, which are typically limited to surface burns, also called signature marks.