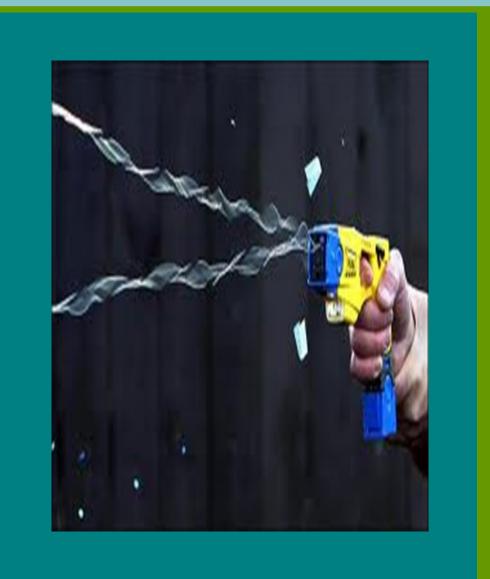


Taser Injuries – What Nurses Need to Know

Elizabeth Blunt, PHD, RN, FNP-BC, FAANP Villanova University, Villanova, PA



Introduction

- ➤ Taser is an acronym derived form a children's book
- > Thomas A. Swift Electric Rifle (TASER)
- ➤ Used to stun or incapacitate by interfering with the ability of the brain to communicate with the muscles.
- > Provides a safer less than lethal force option
- Fires 2 small darts that act as electrodes
- ➤ Darts stay connected to the Taser by thin conductive wires.
- ➤ When 2 darts stick a 5 second electrical charge is released.

CHAMPION

Medical Considerations

- ➤ Threshold to induce ventricular fibrillation in a normal heart is 10-50 joules.
- ➤ Most Tasers fire at 0.5 joules or less.
- The most popular model fires at 0.3 joules 30 times less than the threshold.
- > High Risk Populations
 - Pregnant women
 - Visibly frail
 - > Heart disease
 - Medical/mental crisis
 - > Elderly persons
 - > Young children
 - >Persons under the influence of alcohol/drugs

How Safe are Tasers?

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Conclusions

Current medical literature does not support the need for routine laboratory studies, electrocardiograms or prolonged observation after electrical exposure from a Electrical Control Device in an otherwise asymptomatic awake and alert individual.

Taser Removal

- > Removal
 - Universal precautions
 - > Local anesthetic may be used but not necessary
 - Stabilize the skin surrounding the barb, using hemostats firmly grasp the barb with the "notch" facing up, jerk in a smooth quick motion
 - > Visually examine the barb to ensure it is intact
- > Taser barbs are considered a sharp
- > Treat major vessel injury as impaled object
- > Return barb to law enforcement for evidence.
- > Clean wound with cover
- > Assess tetanus immunization
- > Instruct patient on basic wound care and infection.