

**INDICATIONS:**

Taser® barbs should be removed at the request of law enforcement if:

- A. The patient has been adequately subdued so as not to pose a danger to Fire/EMS personnel. AND,
- B. The barbs are not embedded in the face, neck or groin areas.

**PROCEDURE:**

- A. Perform patient assessment.
- B. Monitor vitals and LOC. Ensure that vitals are in the normal limits for the situation.
- C. Expose the area where Taser barb has implanted under the skin.
- D. Cut wires from the barb if still attached.
- E. Place thumb and forefinger above and below the barb parallel to the portion of the shaft implanted in the patient's skin.
- F. Spread your thumb and forefinger apart to stretch the skin tightly over the barb.
- G. Holding tension, use needle-nose pliers (or similar tool) with gripping strength and grasp the end of the barb protruding out of the skin near the wire lead and firmly pull out the barb with one quick jerking motion.
- H. Assess the skin where the barb was removed. The skin should be cauterized from the electrical current. Dress the wound to prevent infection.
- I. Contact OLMC if unsure whether to transport.

**NOTES & PRECAUTIONS:**

- A. Patients should be in police custody and monitored by Police for the safety of medical personnel.
- B. Do not remove Taser® Barbs from the face, neck or groin area. Stabilize the barbs and transport to the Emergency Department.
- C. Tasers® emit two barbs. Make sure both are removed. Treat all barbs as a bio-hazard and dispose as you would any other sharps.
- D. Potential trauma may have occurred before (during a struggle) or after the patient was hit by the Taser® (patient falls and hits head).
- E. Consider whether the patient meets criteria for Altered Mental Status or Poisonings and Overdoses protocols.
- F. CAUTION: Where barbs have wires still connected to the Taser® Gun, shock can still be delivered.