



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
Taser – Adult/Adolescent

#: BH-T-25
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BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. Patients who show signs of agitation and irrational behavior should be considered to have toxic delirium and be an ALS escort with monitoring of breathing and consciousness to the nearest appropriate ERC.
3. The Base Hospital can order additional doses of midazolam if symptoms of agitation, combativeness, and/or toxic delirium continue to interfere with the SAFE transport of this patient.
4. If seizure develops, follow BH-M-40 (Seizure – Adult/Adolescent) with repeated doses of midazolam as appropriate.
5. Be sure to remind the medic to closely monitor for potential respiratory depression.
6. Should hypotension occur, treat with 250cc IV NS, repeat as necessary.

ALS STANDING ORDER

1. If TASER barb(s) can be removed with pulling of the TASER barb wire, remove barb, otherwise leave barbs in place and transport to nearest ERC.
2. Barbs embedded in the face, eye, hand, foot, or groin should be left in place and patient transported to nearest ERC.
3. Assess victim's pulse:
 - A. If pulse regular, vital signs are stable, patient mentally competent and not requesting transport for medical condition:
 - ➔ May return (without transport) to custody of law enforcement with recommendation that "victim be medically screened at intake or an emergency department" and document conversation on PCR.
 - B. If pulse irregular, vital signs unstable, or victim exhibits signs of altered mental status or toxic delirium:
 - a. Cardiac monitor, if patient cooperative, and document rhythm with strip:
 - ➔ Treat symptomatic bradycardia or unstable tachycardia using SO-C-20 (bradycardia) or SO-C-25 (narrow complex tachycardia)
 - b. Obtain pulse oximetry and if oxygen saturation less than 95% administer oxygen:
 - ➔ High-flow oxygen by mask or nasal cannula at 6 L/min flow rate as tolerated.

Approved:

Review Dates: 11/16; 07/18; 08/21
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ALS STANDING ORDER

- c. Determine blood glucose; treat a blood glucose of 60 or less using an option listed below. If hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate.

- Oral glucose preparation, if airway reflexes are intact.
- 10% Dextrose 250ml IV (titrated for effect)
- Glucagon 1mg IM if unable to establish IV

Note: IO access may be used for dextrose administration when is patient unconscious with blood glucose < 80, unable to establish IV and there is no response to IM Glucagon.

- d. If presenting in state of toxic delirium, transport immediately to nearest ERC. If agitation interferes with loading for transport give:

- Midazolam 5 mg IV/IM/IN once for sedation (assist ventilation and support airway if respiratory depression develops).
- Venous access, if can be safely established, and give 250 ml NS fluid bolus, continue NS as wide-open infusion to attain or maintain perfusion (palpable radial pulse, good skin signs, and appropriate mental status).

4. ALS escort to nearest ERC or contact Base Hospital as needed for further orders.

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