Clinical Indications:
1. Taser darts incurred from law enforcement intervention that are impeding patient care or are causing profound discomfort for the patient may be removed.
2. Do NOT remove a taser dart that is located in the face, neck, or groin.

Procedure:
1. Assess the patient for any potential injury after the taser was deployed. Note that taser deployment will cause a patient to fall to the ground.
2. When safe to do so, verify that all wires of the taser dart have been disconnected from the weapon.
3. Place one hand on the patient in the area where the taser dart is embedded and stabilize the skin surrounding the puncture site between two fingers. Keep your hand away from the taser dart.
4. With your other hand, in one fluid motion, pull the taser dart straight out from the puncture site.
5. Immediately dispose of the taser dart in an approved sharps container.
6. Apply direct pressure for bleeding and apply a sterile dressing to the wound.

Note:
1. Patients who have had taser darts removed shall not be medically cleared by prehospital personnel.
2. The following must be documented in the EHR:
   a. The patient’s presenting behavior or signs/symptoms which lead to law enforcement to tase the patient.
   b. Time of taser dart removal.
   c. Anatomic location of taser dart.
   d. Whether or not the taser dart was intact following removal.