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## Letters to the Editor

### EMERGENCY DEPARTMENT EVALUATION OF CONDUCTED ENERGY WEAPON (CEW)- INJURED PATIENTS

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#### To the Editor:

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We appreciate the recent review provided by Vilke et al. on emergency department (ED) evaluation of patients after conducted energy weapon (CEW) use (1). Their position against routine electrocardiographic and laboratory evaluation for patients presenting with *isolated* CEW injury is well supported and we agree with that conclusion. The conclusion that the use of CEWs in certain vulnerable populations (e.g., patients exhibiting signs of “excited delirium” or after extended resistance to restraint) does not, in and of itself, warrant further evaluation; however, it is concerning.

### REFERENCES

1. Vilke GM, Bozeman WP, Chan TC. Emergency department evaluation after conducted energy weapon use: review of the literature for the clinician. *J Emerg Med* 2011;40:598–604.
2. Strote J, Walsh M, Angelidis M, Basta A, Hutson HR. Conducted electrical weapon use by law enforcement: an evaluation of safety and injury. *J Trauma* 2010;68:1239–46.
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4. Strote J, Hutson HR. Conducted electrical weapon injuries must be more broadly considered. *Ann Emerg Med* 2009;54:310–1. author reply 1–2.
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The references that comprise the majority of evidence for their conclusions are in controlled populations that do not accurately reflect the complex, clearly more dangerous environments of law enforcement restraint (which more commonly present to the ED). In the two references that retrospectively look at this population, one cites numerous examples of elevated lactate or troponin, and the other excluded this information for the patients studied (2–4). In our published study, which examined CEW-related deaths, patients who died proximal to CEW use frequently had underlying cardiac disease that would make them more likely to have coronary events and laboratory abnormalities contributing to their deaths (5).

### RE: EMERGENCY DEPARTMENT EVALUATION OF CONDUCTED ENERGY WEAPON (CEW)-INJURED PATIENTS

#### To the Editor:

Given the still-incomplete understanding of the physiologic effects in these circumstances, as we have argued elsewhere, we would recommend that, in patients presenting to EDs after CEW use in the context of law enforcement restraint, observation and evaluation, including cardiac monitoring, electrocardiographic studies, and laboratory evaluation, should be the standard of care (5).

We appreciate the comments offered by Drs. Strote and Hutson regarding our recent publication on emergency department (ED) evaluation of patients after conducted energy weapon (CEW) use (1). Their letter interpreted our article as concluding that the use of CEWs in certain vulnerable populations (e.g., patients exhibiting signs of “excited delirium” or after extended resistance to restraint) does not, in and of itself, warrant further evaluation, for which Strote and Hutson registered some concern.

However, we were very clear, particularly as to specific recommendations in regards to excited delirium syndrome when we concluded.

“Therefore, the current medical literature does not support routine performance of laboratory studies, ECGs, or prolonged ED observation or hospitalization for ongoing cardiac monitoring after CEW exposure in

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