

## CMG 31 – ELECTRIC SHOCK

(Revised: July 2015)



### LOW VOLTAGE (<1000 volts)

Appliance in house or main supply to house.

Pull out plug, pull conductor away from patient, pull patient clear, switch off at mains.

#### METHOD:

- grasp clothes if dry
- avoid contact with skin or conductor
- use dry fibre rope or dry blankets or similar non-conducting material

### HIGH VOLTAGE (>1000 volts)

High tension power lines, substations, transformers, lightning strike.

- Request assistance from electricity authority
- Use short steps to approach victim
- Retreat immediately if tingling is felt

### ELECTRICAL WEAPONS (e.g. Taser)

These weapons fire at up to 50,000 volts, but only a few milliamps. High voltage ensures the pulse reaches its target; low amperage prevents sustained damage.

ICP	<b>DO NOT BECOME A VICTIM YOURSELF!</b>	AP
ICP	If in cardiac arrest – treat by specific CMG	AP
ICP	Consider all potential injury mechanisms from the electric shock, and manage as per appropriate CMG: <ul style="list-style-type: none"> <li>• direct effect of the electric current (e.g. cardiac injury or arrhythmia, deep tissue/organ injury, etc.)</li> <li>• burns resulting from conversion of electric current to thermal energy (e.g. entry and exit burns, clothing that has caught fire, etc.)</li> <li>• trauma from a fall (consider especially potential spinal injury)</li> </ul>	AP
ICP	Electrical burns usually cause greater tissue damage than the appearance of the skin would suggest. Therefore, <b>ALWAYS</b> transport the patient to hospital.	AP
ICP	Monitor ECG and treat arrhythmias as per appropriate CMG	
ICP	Analgesia	AP
ICP	Manage hypotension as per CMG 14	AP