

Effective Date : June 2019

Last Review: February 2020

Next Review: February 2022

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

Tranexamic Acid (TXA) is a synthetic amino acid (lysine) that blocks plasminogen from being converted to the enzyme plasmin. Plasmin works to break down already-formed blood clots in the human body by attacking and breaking down fibrin destroying clots in a process known as fibrinolysis. **TXA must be given less than 3 hours after initial injury.**

INDICATIONS:

Any trauma patient \geq 15 years of age with an injury $<$ 3 hours & Systolic BP $<$ 90mmHg at any point, who is at high risk for ongoing internal/external hemorrhage which may include

- bleeding not controlled by direct pressure, hemostatic agents or tourniquet.
- multisystem trauma patients with associated spinal or head injury.

CONTRAINDICATIONS:

- Injuries $>$ 3 hours old.
- Patients $<$ 15 years of age.
- Hypersensitivity to the drug.
- Isolated traumatic brain injury (TBI)
- Isolated spinal shock
- Traumatic Arrest with CPR greater than 5 minutes without ROSC
- History of Thromboembolic event (**CVA / TIA, MI, DVT, or PE**) within the past 24 hours.
- Drowning or hanging victims
- Isolated extremity hemorrhage when bleeding has been controlled by tourniquet
- If there is a strong expectation of re-implantation.

ADVERSE REACTIONS:

- Hypotension with rapid infusion
- Chest tightness
- Difficulty breathing
- Facial flushing
- Blurred vision
- Nausea/diarrhea

BLS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, Assist ventilations as necessary.

VITALS: assess vitals; every 5 minutes after TXA administration.

BLEEDING CONTROL: stop active bleeding with direct pressure, hemostatic dressings, or if necessary tourniquet.

CHECK TEMPERATURE: assess temperature and keep patient warm to prevent hypothermia.



POLICY ADULT T5 TXA / BLEEDING CONTROL

Effective Date : June 2019

Last Review: February 2020

Next Review: February 2022

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

ALS TREATMENT:

MONITOR: treat rhythm as appropriate

IV ACCESS: 2 large bore IV access; **only give fluid bolus if systolic blood pressure is less than 90mmHg**

CAPNOGRAPHY: utilize wave form capnography

TRANEXAMIC ACID (TXA): 1000mg infused over 10 minutes; **DO NOT GIVE IV PUSH**

- Preparation: Mix 1000mg of TXA in 250 mL of 0.9% Normal Saline
- 10 gtts/mL tubing at a drip rate of 4 gtts/second.
- Notify receiving hospital of TXA administration.

Clearly document mechanism of injury (blunt, penetrating, GSW etc.), the time injury/incident occurred, the indications for use and time TXA was administered.