
Tranexamic Acid (TXA) (Optional)

Protocols:

1. Shock


Indications (TRAUMATIC CAUSE ONLY):

1. Evidence of marked blood loss
2. Sustained tachycardia (>110/Min, despite a 500 ml bolus of IVFs)
3. Initial systolic BP < 90
4. Sustained hypotension (<100 systolic, despite a 500 ml bolus of IVFs)
5. Major trauma with suspicion for pelvic and/or abdominal injury
6. Major arterial bleeding not controlled with tourniquet

Contraindications:

1. Hemorrhagic shock from a non-traumatic cause (massive Gastrointestinal or Gynecological bleeding)

Dosing:

1. Adults
 - a. 1 g of TXA mixed in 100 ml of normal saline
 - b. Administered over 10 minutes
-  2. Pediatrics (only appropriate inside a formal research study)
 - a. 15 mg/kg TXA
 - b. Administered over 10 minutes

Precautions:

1. Must be administered within 3 hours of injury
2. Do not delay transport for administration of TXA
3. TXA delivered in the field is a loading dose
 - a. It is not effective if a second dose is not given at the appropriate time in the hospital
 - b. It is very important that the administering provider make note of the time that the loading dose is given