

## TRANEXAMIC ACID - **OPTIONAL**

Tranexamic Acid (TXA) is an anti-fibrinolytic that inhibits the activation of plasminogen to plasmin, thereby preventing fibrinolysis and the breakdown of clots. Early administration of tranexamic acid (TXA) has been shown to reduce mortality and death secondary to trauma.

- A. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.
- B. Indications:
  1. Known or suspected hemorrhage after crush, blunt or penetrating trauma
  2. Sustained hypotension (systolic blood pressure (SBP) < 90mmHg) and sustained tachycardia (>110 beats per minute)
  3. Time of injury is less than 3 hours from initiation of TXA
- C. Initiate transport to a definitive trauma center that has the capability to administer/continue TXA.
- D. Contraindications:
  1. Time since injury >3 hours
  2. Known Pregnancy
  3. Known allergy to TXA

- E. Dosage and Administration: **Consult MCP for destination determination**

<b>Pediatric (&lt; 12 years) Loading Dose:</b>	IV infusion of 15 mg/kg to a max of 1 gram Tranexamic Acid (TXA) diluted in 100ml or 250 ml NS infused over 10 minutes.
<b>Pediatric Maintenance Dose:</b>	IV infusion of 15 mg/kg Tranexamic Acid (TXA) diluted in 100 ml or 250 ml NS infused over 8 hours.
<b>Adult (&gt; 12 years) Loading Dose:</b>	IV infusion of 1 gram Tranexamic Acid (TXA) diluted in 100ml or 250 ml NS infused over 10 minutes.
<b>Adult Maintenance Dose:</b>	IV infusion of 1 gram Tranexamic Acid (TXA) diluted in 100ml or 250 ml NS infused over 8 hours.



**NOTE:** If patient is taking beta-blocker medications, reflex tachycardia may not be present. These patients, while in traumatic hemorrhagic shock, may present with hypotension and a normal heart rate.