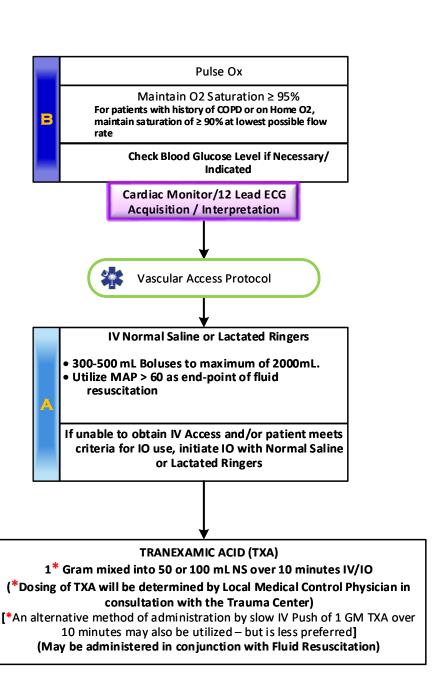


Tranexamic Acid (TXA)

This Protocol addresses treatment of the ADULT patient ≥ 18 years of age who presents with <u>traumatic</u>, <u>life-threatening</u>, <u>non-compressible bleeding</u> with any of the following:

- Systolic Blood Pressure < 90 mmHg
- Heart Rate > 120 beats per minute
- Bleeding or presumed bleeding that is NOT controllable by direct pressure, wound packing, or tourniquet application
- Major amputation of any extremity proximal to the wrist or ankle
- Significant Blood Loss (> 500 mL)

Services wishing to utilize TXA must have predefined letter of agreement or Memorandum of Understanding from the Trauma Center to which that service will transport these patients.



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Tranexamic Acid (TXA)

PEARLS:							
•	DO NOT ADMINISTER Tranexamic Acid (TXA) if ANY of the following are present: O Time of injury is > 3 hours prior						
	 Patient has an active (within the last 24 hours) thromboembolic event (active stroke, myocardial infarction, or 						
	pulmonary embolism) o Traumatic Arrest > 5 minutes						
	 Any patient with a known allergy to Tranexamic Acid (TXA) Penetrating Cranial injury 						
	 Traumatic Brain Injury (TBI) with exposed brain matter 						
	 Isolated hanging or drowning victims Cervical Cord Injury with motor deficits 						
•	In the bleeding patient, hemorrhage control and appropriate resuscitation remain the priority.						
•	Prehospital TXA use should NEVER supersede field bleeding control needs, prompt transport or the administration of blood/plasma products.						
•	MAP = [SBP + (2xDBP)] / 3						
•	Key Documentation Elements ☐ Indications for utilization of TXA						
	☐ Vital Signs						
	 Dosage of TXA Administered How TXA is Administered 						
	□ IV Infusion						
	 ☐ Slow (>10 minutes) IV Push ☐ Documentation of patient Identification as having received TXA 						
	Documentation of appropriate notification of receiving facility personnel at time of hand-off that patient has received						
1	TXA.						

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Tranexamic Acid (TXA)

TXA ADMINISTRATION GUIDELINES					
Date			ePCR #		
Patient I	Name .				
ALL of t	he follo	wing	criteria must be met for TXA administration:		
	☐ Life-	matic threat	ears mechanism ening hemorrhage sive to standard treatment		
AND the	additio	on of o	ne or more of the following:		
[] [] The foll	□ Blee □ Majo □ Sign	> 120 ding r or amp ificant are E	mmHg to bpm (sustained) to controlled with other measures utation proximal to wrist or ankle estimated blood loss of > 500 ml CCLUSION criteria. VER – WITHHOLD TXA ADMINISTRATION.		
]]]]]] [] [] [] [] [] [No 	Time of injury with duration > 3 hours Traumatic arrest duration > 5 minutes Active thromboembolic event in last 24 hours Known allergy or hypersensitivity to TXA Penetrating cranial injury Blunt TBI with exposed brain matter Isolated hanging or drowning victims Cervical cord injury with motor deficits	5	
Time of	Admin	istratio	on:		

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