

RDSTF – Region 5

Standard Principles and Guidelines for Prehospital Management of the Trauma Patient

Tranexamic Acid Administration (TXA)

These are meant as guidelines and are not a requirement

INFORMATION

TXA is an anti-fibrinolytic agent that prevents plasminogen activators from attaching to the lysine binding site of the clot thereby, reducing the risk of bleeding in hemorrhaging patients. Adverse reactions can include seizures, visual changes, renal impairment, hypotension with rapid infusion, DVT, thromboembolism.

ADULT INDICATIONS > 12 YEARS OLD FOR TXA ADMINISTRATION

- Must be < 3 hours since time of injury or onset of symptoms with suspected:
 - Internal hemorrhage
 - Bleeding from other source
 - Open book fracture (Fracture that results from anteroposterior compression injury)
 - GI Bleed
 - Any major joint amputation regardless of vitals
- Obvious noncompressible bleeding:
- EARLY administration is indicated prior to **AND/OR** concurrently with Normal Saline fluid resuscitation for signs and symptoms of rapid uncontrollable exsanguination.
- Non-obvious bleeding:
 - Refractory hypotension to IV crystalloid infusion 2 L Normal Saline

Consider early use of TXA in patients with anticoagulation: Warfarin (Coumadin), Apixaban (Eliquis), Rivaroxaban (Xarelto), Dabigatran (Pradaxa), Edoxaban (Savaysa), Enoxaparin (Lovenox), Fondaparinux (Arixtra)

CONTRAINDICATIONS:

- Injuries greater than 3 hours
- Isolated head injuries
- Known subarachnoid hemorrhage (intra-facility transfers)

ADULT DOSING

- 1 gram in 500 mL of D5W/LR/NS and administer over 10 minutes at 600 mL/hr
- IV/IO
- Traumatic arrest: 1gram IV/IO Push

PEDIATRIC INDICATIONS (AGE >2) FOR TXA ADMINISTRATION

- < 3 hours since time of injury or onset of symptoms
 - Suspected Internal hemorrhage
 - Bleeding from other source
 - Open book fracture (Fracture that results from anteroposterior compression injury)
- Obvious noncompressible bleeding:
 - EARLY administration is indicated prior to or concurrently with D5W/NS fluid resuscitation for signs and symptoms of rapid uncontrollable exsanguination.
- Non-obvious bleeding:

- Refractory hypotension despite crystalloid resuscitation to a maximum of 60 mL/kg D5W/NS.

PEDIATRIC DOSING

- 10 mg/kg (Maximum of 1 gram) in 100 mL of D5W/NS and run over 10 minutes at 600 mL/hr

The Region 5 Trauma Advisory Board Clinical Leadership Committee would appreciate your feedback on these guidelines. Please click on the link below to take a 1 minute survey to provide your input.

<https://www.surveymonkey.com/r/RDSTF5-CLC-ProtocolsFeedback>