



POLICY: 554.89
TITLE: Tranexamic Acid (TXA) Administration

EFFECTIVE: 6/1/2020
REVIEW: 6/2025
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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TRANEXAMIC ACID (TXA) ADMINISTRATION

- I. AUTHORITY California Health and Safety Code, Division 2.5 EMS, Sections 1797.220 and 1797.221
- II. DEFINITIONS
Tranexamic Acid (TXA) is a Lysine analogue that works to inhibit the formation of plasmin, which is a molecule responsible for clot degradation. It therefore stabilizes clots and slows down bleeding. It has recently been shown in multiple studies to reduce mortality in trauma patients meeting specific physiologic criteria or who have signs of massive trauma.
- III. PURPOSE
To serve as a patient treatment standard for Paramedics within their scope of practice
- IV. POLICY
Within 3 hours of a traumatic event, the prehospital use of TXA should be considered for all blunt or penetrating trauma to the trunk (thorax, abdomen, or back) in patients 15 years of age or older with one or more systolic blood pressure readings less than 90 mmHg.

Contraindications:

- Any patient <15 years of age
- Any patient more than 3 hours post injury
- Documented cervical cord injury with motor deficits
- Isolated traumatic brain injury
- Thromboembolic event (i.e. stroke, MI, PE, DVT) in the past 24 hours
- Traumatic arrest with greater than 5 minutes of CPR without ROSC

GENERAL ASSESMENT:	CAB
OXYGEN:	Oxygen delivery as appropriate to maintain O2 saturation 92-98%
MONITOR	
PULSE OXIMETRY	
IV/IO ACCESS	Preferably 16-18-gauge access
TXA	Administer 1 gram in 100ml of NS over 10 minutes (<u>DO NOT ADMINISTER IV PUSH: This will cause hypotension</u>) no repeat dose allowed. If IO route, deliver under pressure.
TXA BAND	Place appropriate band on patient identifying the administration of TXA
REASSESS	Assess and document vital signs every five minutes for duration of transport