I. PURPOSE: To define the indications, contraindications, and procedure related to administration of Tranexamic Acid (TXA) by paramedics.


III. POLICY: Paramedics may administer TXA to patients presenting with hypovolemic shock secondary to trauma in accordance with this policy.

IV. PROCEDURE:

A. Indications
   1. Blunt or penetrating traumatic injury with SBP less than or equal to 90mmHg
   2. Significant hemorrhage not controlled by direct pressure, hemostatic agents, or tourniquet application AND SBP less than or equal to 90 mmHg

B. Contraindications
   1. Greater than 3 hours post injury
   2. Isolated neurogenic shock
   3. Isolated head injury
   4. Isolated extremity injury when bleeding has been controlled
   5. Patient less than 15 years of age
   6. Active thromboembolic event (within the last 24 hours); i.e., stroke, myocardial infarction, pulmonary embolism or DVT
   7. History of hypersensitivity or anaphylactic reaction to TXA
   8. Traumatic arrest without ROSC
   9. Drowning or hanging victims
C. Precautions
   1. Severe kidney disease
   2. Pregnancy

D. Adverse Effects
   1. Chest Tightness
   2. Difficulty Breathing
   3. Facial flushing
   4. Swelling in hands and feet
   5. Blurred vision
   6. Hypotension with rapid IV infusion

E. Preparation
   1. Supplies Needed:
      i. 1gm Tranexamic Acid (TXA) (1)
      ii. 100mL bag of 0.9% normal saline (1)
      iii. 10mL syringe (1)
   2. Mixing Instructions
      i. Inject 1gm (10mL) of TXA into 100mL NS bag
   3. Maintain sterile technique
   4. Label bag with the drug name and final concentration
      i. Example: (TXA 1gm in 100mL NS)

F. Dosing
   1. IV/IO - 1gm in 100mL Normal Saline over 10 minutes

G. Communication and Documentation
   1. Communicate the use of TXA to the base hospital
   2. Administration of TXA and any/all associated fields will be documented in the Ventura County electronic Patient Care Report (VCePCR)