



BACKGROUND: Tranexamic acid (TXA) is a synthetic lysine analogue that inhibits plasminogen activation and plasmin activity to stabilize fibrin clots and reduce bleeding. It is utilized in trauma care as an adjunct to standard bleeding control measures, with maximal effectiveness when administered early.

INDICATIONS:

- Evidence of hemorrhagic shock related to blunt or penetrating trauma mechanism -OR- evidence of hemorrhagic shock related to miscarriage or post-partum uterine bleeding.
- SBP < 90 mmHg or Shock Index (SI) > 1.0
 - Shock Index = Pulse Rate / Systolic Blood Pressure
- Significant blood loss with ongoing bleeding not controlled by direct pressure, hemostatic agents (e.g. QuikClot, Hemostatic gauze), or tourniquet applications.

CONTRAINDICATIONS:

- Traumatic injury or vaginal delivery greater than 3 hours.
- Isolated neurogenic shock.
- Isolated extremity injury when bleeding has been controlled.
- Active thromboembolic event (within the last 24 hours); i.e., stroke, myocardial infarction, pulmonary embolism, or DVT.
- History of hypersensitivity or anaphylactic reaction to TXA.
- Traumatic arrest without ROSC.
- Drowning or hanging victims.

PROCEDURE:

1. Confirm the patient meets the indications for administering TXA.
2. Confirm the patient has no contraindications to receiving TXA.
3. Administer the TXA at the prescribed dose.
4. Preferred route of administration is via IV.

DOSING: 1 gm in a 100 mL pre-mixed bag IV / IO infusion over 10 minutes

CONSIDERATIONS:

- Do not delay transport for administration of TXA.
- Prehospital TXA use should never supersede field bleeding control techniques.
- Communicate the administration of TXA to Base Hospital.
- Communicate the administration of TXA to the Trauma Center at time of arrival / transfer of patient care.

DOCUMENTATION:

- Indications for administration.
- Confirmation of no contraindication.
- Any adverse reactions.
- Timing of administration.

Approved: _____

Review Date: _____
Final Date for Implementation: 04/01/2027