

Tranexamic Acid

Paramedic Only

PURPOSE:

Prehospital Tranexamic Acid improves hemorrhagic shock outcomes, prevents massive internal bleeding by stabilizing clot formation, and decreases extravascular bleeding in trauma patients.

INDICATIONS:

- Blunt or penetrating trauma with signs and symptoms of hemorrhagic shock
- Systolic blood pressure of less than 90 mmHg at scene of injury, during ground medical transport, or on arrival to designated trauma centers
- Estimated blood loss (EBL) of 500 mL in the field accompanied by a heart rate greater than 120bpm
- Bleeding not controlled by direct pressure or tourniquet (non-compressible)
- Less than three hours from the time of injury

CONTRAINDICATIONS:

- Under 18 years of age
- Active thromboembolic event (within the last 24 hours); i.e. active stroke, myocardial infarction or pulmonary embolism
- Hypersensitivity or anaphylactic reaction to Tranexamic Acid
- More than three hours post injury
- Traumatic arrest with greater than five minutes of CPR without return of vital signs
- Penetrating cranial injury
- Traumatic brain injury with brain matter exposed
- Isolated drowning or hanging victims
- Documented cervical cord injury with motor deficit

PROCEDURE:

If patient meets indication criteria listed above:

- Administer Tranexamic Acid 1g (100mg/mL) in 100 mL of Normal Saline via IV/IO Bolus drip over 10 minutes (110gtts/min or 2gtts per second). Do not administer as a push as this will cause hypotension.
- Trauma Center contact is mandatory.

Advise Trauma Center of:

- Patient assessment
- Vital signs
- EBL (Estimated Blood Loss) and condition
- Tranexamic Acid administration