

CLASS: A

PROTOCOL(S) USED IN: Shock

PHARMACOLOGY AND ACTIONS:

Inhibits plasminogen activation and plasmin activity, preventing clot breakdown. It is a lysine analog and binds to plasminogen preventing the binding of plasminogen to fibrin.

INDICATIONS:

- A. Adult trauma patient (16 years or older) with a time of injury to administration of less than 3 hours.
- B. Concern for active hemorrhage.
- C. Systolic BP < 100 mmHg and considered to be at risk of traumatic hemorrhage.
- D. May require a blood transfusion.

CONTRAINDICATIONS:

- A. Trauma greater than 3 hours old
- B. Clinical evidence of DIC
- C. Non-hemorrhagic shock
- D. Non-traumatic shock
- E. Known allergy to the medication

SIDE EFFECTS AND NOTES:

- A. Caution in patients with a history of DVT, PE or severe renal impairment
- B. Subarachnoid Hemorrhage. Some indication that TXA may improve outcomes in SAH. Patients with traumatic SAH may be considered for this medication only after a discussion with online medical control.
- C. Should not be given in the same IV/IO line as blood or infusions containing penicillin.
- D. If a blood transfusion is being initiated in the field for traumatic hemorrhagic shock, TXA should also be administered.
- E. **Administering TXA in less than 10 minutes can cause hypotension.**

ADULT DOSING:

Administer **1 gram in 100-250 ml Normal Saline or Lactated Ringers solution IV/IO** over 10-15 minutes. Document timing of administration. It is imperative to report TXA administration to the receiving hospital so that treatment can be continued.