

<b>Medication:</b> Tranexamic Acid	<b>PDN:</b> 6990.01	<b>Last Updated:</b> January 30 2013	<b>PMD:</b> Andrew Travers*	<b>PDC:</b> Steven Carrigan*	Page 1 of 2
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## TRANEXAMIC ACID (TXA)

### 1.0 Classification

- Anti-fibrinolytic

### 2.0 Mechanism of Action

- A lysine analogue that occupies plasminogen binding sites

### 3.0 Indications

- Trauma with all of the following:
  - Less than 3 hours since time of injury
  - Systolic blood pressure less than 90 mmHg OR heart rate greater than 110
  - Suspicion of significant hemorrhagic blood loss

### 4.0 Contraindications

- Patients less than 16 years of age without OLMC consult
- Hypersensitivity to tranexamic acid
- Active thromboembolic disease (PE, DVT, CVA)
- Unable to initiate bolus within 3 hours of injury

### 5.0 Precautions

- TXA increases mortality if given more than 3 hours after initial trauma

### 6.0 Route

- May be given IV/IO

### 7.0 Dosage

#### Adult / Pediatric (with OLMC consult)

- 1 gram mixed in 100 mL normal saline run over 10 minutes IV.
- On ED arrival it is critical for the receiving team to initiate immediately upon arrival 1 gram mixed in 500 mL normal saline run at approximately 60 mL/hr with a buretrol or pump (for 8 hours)

### 8.0 Supplied

- 10 mL vials of 100 mg/mL

### 9.0 May Be Given By

- ACP/CCP

### 10.0 Adverse effects

- Nausea/vomiting
- Diarrhea
- Dizziness
- Changes in vision

### 11.0 Special notes

- Appropriate fluid resuscitation should occur in conjunction with TXA administration
- Please ensure that ongoing infusion is maintained after transfer of care

- Pregnancy category B [if there is a clinical need for it, Category B drugs are considered safe to use]

## **12.0 References**

- Torso (Organ) Trauma Clinical Practice Guideline
- Extremity Trauma Clinical Practice Guideline
- Compendium of Pharmaceuticals and Specialties (CPS)

\*Electronically Signed

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