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
Copyright © Emergency Health Services