Tranexamic Acid (TXA) – 20.280

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 (15 years or older) with a time of injury to administration of less than 3 hrs
B. Evidence of active hemorrhage with Systolic BP < 90 mmHg refractory to 500 ml fluid bolus

CONTRAINDICATIONS:

A. Trauma greater than 3 hrs old
B. Clinical evidence of DIC (Disseminated Intravascular Coagulation)
C. Non-hemorrhagic shock
D. Non-traumatic shock
E. Pregnancy
F. History of MI, CABG or recent Stent

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 OLMC.
C. Should not be given in the same IV 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.
F. Document timing of administration. It is imperative to report TXA administration to the receiving hospital so that treatment can be continued.

ADULT DOSING:

Hypotension

1 gram in 100 - 250 ml NS IV *over 10 min*.

PEDIATRIC DOSING:

None