

Santa Barbara County EMS County Wide Protocols

Policy 533-23

| TRANEX | | ANEXAMIC | EXAMIC ACID (TXA) | |
|-----------------|---------|----------|-------------------|--|
| ADULT (≥15 y/o) | | | ≥15 y/o) | |
| INIDIC | ATIONIC | | | |

INDICATIONS

- Blunt/penetrating traumatic injury with SBP \leq 90mmHg OR-
- Significant blood loss with bleeding not controlled by direct pressure, hemostatic agents, or tourniquet

APPLICABLE PROTOCOLS

- Policies Referenced:
 - o 533-20: Shock Hypotension
 - o 533-22: Traumatic Injuries
 - o 533-25: Potential Crush Injury

ACTIONS

- Inhibits conversion of plasminogen to plasmin
- · Reduces fibrinolysis and clot breakdown
- · Stabilizes clot formation

ONSET & DURATION

- Onset of Action: 20 mins to 2 hours
- Duration of Action: 2-8 hours

CONTRAINDICATIONS

- Patients < 15 y/o
- Greater than 3 hours post-injury
- · Isolated head injury
- Neurogenic shock (spinal injury with hypotension)
- Isolated extremity hemorrhage w/ controlled bleeding
- · Active thrombotic event within 24 hours
- o i.e. Acute Stroke, Myocardial Infarction, Pulmonary Embolus, or Deep Vein Thrombosis
- Hypersensitivity or anaphylactic reaction to TXA
- Traumatic arrest with > 5 mins of CPR without ROSC
- Drowning or hanging victims

BLS Procedures

N/A

Expanded Scope

N/A

ALS Prior to Base Hospital Contact

Mixing the Concentration

- Maintain sterile technique
- · Label the bag with the drug name and final concentration
 - o Example: "TXA 1gm in 100mL"
- 10mg/mL concentration
 - o Supplies needed:
 - 1- 1gm Tranexamic Acid (TXA)
 - 1- 100mL bag of 0.9% Normal Saline
 - o Mixing instructions:
 - 1gm of TXA into 100mL Normal Saline bag

Administration

- Vascular Access
- IV/IO Infuse 1gm (100mL) TXA over 10 mins

Base Hospital Physician Orders Only

Base Hospital Physician order is required for non-traumatic hemorrhagic conditions.

Additional Information

- TXA is indicated for patients with traumatic injuries per this policy.
- TXA may be administered for emergency medical conditions outside of these indications with Base Hospital Physician Order only.
- All adverse effects must be documented in ePCR and reported to the receiving hospital upon transfer of patient care.
 - Possible adverse effects may include: Hypotension with rapid IV infusion, chest tightness, difficulty breathing, facial flushing, blurred vision, nausea, vomiting, and diarrhea.

Last Reviewed/Revised: December 31, 2023
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