**Prairie Community Hospital**

**Guidelines for Tranexamic Acid (TXA) Administration in Major Trauma**

International studies have shown that hemorrhaging trauma patients have a decrease in morbidity and mortality after early treatment with tranexamic acid (TXA). Our goal is to decrease negative patient outcomes from traumatic bleeding.

Tranexamic Acid (TXA) is an antifibrinolytic that inhibits the activation of plasminogen to plasma, thereby preventing fibrinolysis and the breakdown of clots. In trauma, it is used for the prompt control of hemorrhage.

TXA – Tranexamic Acid

**Indications for use in trauma:**

* Systolic blood pressure <90mmHg
* Heart rate > 110
* Neither of the above, but still considered at risk for significant hemorrhage
* **<3 hours since time of injury**
* Patient is >12 years of age \*\*see pediatric dosing considerations if <12 yrs of age\*\*

**Contraindications to use of IV TXA:**

* More urgent critical resuscitation interventions needed (do not delay to give TXA)
* Isolated head injury
* Time of injury >3 hours

**Administration of TXA**

* TXA is stored in the med room shelves where the IV antibiotics
* Bolus: 1gram IV over 10 minutes

Add 1000mg or 1 vial of 1000mg/10ml to 100cc NS (100mg/ml)

Infuse per pump at 600cc/hr

* Infusion: 1gram IV over 8 hours

Add 1000mg or 1 vial of 1000mg/10ml to 500cc NS

Infuse per pump at 62.5cc/hr

**Pediatric dosing consideration:**

* **<12 years of age**
* Bolus: 15mg/kg/10minutes
* Infusion: 2mg/kg/hr

Consider adding 500mg to 500cc NS

Infuse per pump at 2cc/kg/hr

Refer to medication package insert for adverse reactions or events

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Medical Director Date

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Emergency Room Director Date