

CENTRAL MONTANA MEDICAL CENTER
Lewistown, Montana

Orig. Effec. Date: <u>5/14</u>
Approved By: _____
Revised:
Approved By:

POLICY NO. TRAUMA-007
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SUBJECT: GUIDELINE FOR TRANEXAMIC ACID USE IN TRAUMA PATIENTS
DEPARTMENT: EMERGENCY DEPARTMENT (ED)
AFFECTED DEPARTMENTS: ED

PURPOSE

Early treatment with tranexamic acid (TXA) for trauma related hemorrhage.

- TXA inhibits the breakdown of clots. It is an anti-fibrinolytic and has been shown to decrease mortality if given early to bleeding trauma patients.

Inclusion Criteria

When a trauma patient meets **ALL** of the following criteria, administration of TXA should be considered:

1. Traumatic hemorrhage as indicated by systolic blood pressure < 90, or heart rate > 110 or transfusion has been initiated or is anticipated
2. Administration of TXA will occur within 3 hours of time of injury.

EXCLUSIONS

TXA should not be given if any of the following apply:

1. Known active thromboembolism (e.g. MI, CVA, PE)
2. Allergy to TXA
3. Patient with isolated traumatic head/brain injury

DOSING GUIDELINE

1. Administer 1 gram TXA, IVPB, in 50 ml or 100 ml of normal saline over 10 minutes.
2. After initial bolus, administer 1 gram TXA in 250ml of normal saline over 8 hours.
3. TXA can be given via intraosseous route if IV access not available.
4. TXA can **not** be given in the same IV line as blood products
5. TXA can **not** be given if patient received factor VIIa or Prothrombin complex concentrate (neither currently available at CMMC)

TRANSFER GUIDELINES

1. CMMC physician and nurse must communicate to receiving facility that TXA has been initiated.
2. The 1 gram infusion over 8 hours can be started at CMMC or at the receiving facility, and should not delay transfer.