



# Inland Counties Emergency Medical Agency

*Serving San Bernardino, Inyo, and Mono Counties*

*Tom Lynch, EMS Administrator*

*Reza Vaezazizi, MD, Medical Director*

**DATE:** May 27, 2015

**TO:** EMS Providers - ALS, LALS, BLS, EMS Aircraft  
Hospital CEOs, ED Directors, Nurse Managers and PLNs  
EMS Training Institutions and Continuing Education Providers  
Inyo, Mono and San Bernardino County EMCC Members  
Medical Advisory Committee (MAC) Members  
Systems Advisory Committee (SAC) Members

**FROM:** Reza Vaezazizi, MD  
Medical Director 

**SUBJECT:** ICEMA TRANEXAMIC (TXA) TRIAL STUDY

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As of March 9, 2015, ICEMA's TXA Trial Study began with approval from California Emergency Medical Services Authority (EMSA) and in cooperation with Arrowhead Regional Medical Center (ARMC) and Loma Linda University Medical Center (LLUMC). The trial study is anticipated to last a minimum of 18 months.

Currently, AMR (Rancho Cucamonga, Redlands and Victorville Divisions), Big Bear Fire Department, Rancho Cucamonga Fire Department, Rialto Fire Department, San Bernardino Sheriff's Air Rescue, San Manuel Fire Department and Upland Fire Department Air Operations have been approved by ICEMA to participate in the TXA Trial Study. There are several other EMS providers who are currently completing the requirements to participate in the study. ARMC and LLUMC are the Trauma Centers prepared to receive TXA patients.

The EMS provider approved to administer TXA will have primary responsibility of the patient. If both first responder and transport providers on scene have been approved to administer TXA, the primary responsibility of the patient will be mutually agreed upon. ICEMA encourages all EMS providers to work cooperatively to facilitate the success of the trial study.

As a reminder, the administration of TXA throughout the duration of this trial study is limited to blunt and penetrating trauma patients that meet the trial study inclusion criteria. EMS providers and base hospitals are not permitted to consider administration of TXA to any non-trauma patients or patients who do not meet inclusion criteria. The TXA Trial Study policy must be strictly adhered to. See attached ICEMA Reference #15060 - Tranexamic Acid (TXA) Administration - Trial Study (For participating EMS providers only).

If you have any questions or are an EMS provider that would like to participate in this trial study, please contact Chris Yoshida-McMath, RN, Trial Study Coordinator, at (909) 388-5803 or via e-mail at [Chris.Yoshida-McMath@cao.sbcounty.gov](mailto:Chris.Yoshida-McMath@cao.sbcounty.gov).

RV/CYM/jlm

Attachment

c: File Copy

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## TRANEXAMIC ACID (TXA) ADMINISTRATION - TRIAL STUDY (For participating EMS providers only)

### I. PURPOSE

To determine the role of prehospital Tranexamic Acid (TXA) to improve hemorrhagic shock outcomes. And prevent massive internal bleeding by stabilizing clot formation and decrease extravascular bleeding in trauma patients.

### II. INCLUSION CRITERIA

Patients must meet trauma triage criteria related to anatomic, physiologic, and mechanism of injury as established by ICEMA. Refer to ICEMA Reference #15030 - Trauma Triage Criteria and Destination Policy.

The prehospital use of TXA should be considered for all trauma patients that meet **any** of the following criteria:

- Blunt or penetrating trauma with signs and symptoms of hemorrhagic shock.
- Systolic blood pressure of less than 90 mmHg at scene of injury, during ground medical transport, or on arrival to designated trauma centers.
- Any sustained blunt or penetrating injury within three (3) hours.
- Patients who are considered to be high risk for significant hemorrhage:
  - Estimated blood loss (EBL) of 500 milliliters in the field accompanied with heart rate (HR) greater than 120.
  - Bleeding not controlled by direct pressure or tourniquet.
  - Major amputation of any extremity above the wrists and above the ankles.

### III. CONTRAINDICATIONS

- Any patient under 18 years of age.
- Any patient with an active thromboembolic event (within the last 24 hours), i.e., active stroke, myocardial infarction or pulmonary embolism.
- Any patient with a hypersensitivity or anaphylactic reaction to TXA.
- Any patient more than three (3) hours post injury.
- Traumatic arrest with greater than five (5) minutes of CPR without return of vital signs.
- Penetrating cranial injury.
- Traumatic brain injury with brain matter exposed.
- Isolated drowning or hanging victims.
- Documented cervical cord injury with motor deficit.

Special Consideration: TXA may be administered, if patients arrive at a non-trauma hospital and meets the inclusion criteria listed above (Section II) and is transferred using Continuation of Care. Refer to ICEMA Reference #8120 - Continuation of Care.

#### **IV. PROCEDURE**

If patient meets inclusion criteria listed above:

- Administer TXA 1 gm in 100 ml of NS via IV/IO over 10 minutes.  
*(Do not administer IVP. This will cause hypotension.)*
- Place the approved red wristband on patient prior to transporting patient to Trauma Center (TC).
- Trauma base hospital contact is mandatory. Advise trauma base hospital of:
  - Patient assessment
  - Vital signs
  - EBL and condition
  - TXA administration

#### **V. DOCUMENTATION REQUIREMENTS**

- Must use the ICEMA Data System.
- Documentation on the ICEMA electronic patient care report (ePCR) must include:
  - Meets trauma triage criteria
  - Age
  - Weight
  - Date/time of injury onset of symptoms
  - Mechanism of injury
  - Initial SBP and vital signs
  - EBL: pre and post TXA administration
  - Blunt or penetrating trauma location and description of injuries
  - Vital signs including Glasgow Coma Scale (GCS): pre and post TXA administration
  - Date/time TXA was started
  - Past medical history
  - Allergies
  - Race/ethnicity
  - Gender
  - Any service defined questions related to TXA on the ICEMA ePCR