



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:

- Any sustained blunt or penetrating trauma within three (3) hours with:
 - 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.
 - 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 or 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 green 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) and temperature: pre, during and post TXA administration
 - Any fluid administration
 - Date/time TXA was started
 - Past medical history
 - Allergies
 - Race/ethnicity
 - Gender
 - Any service defined questions related to TXA on the ICEMA ePCR