

CLASS: A

PROTOCOL(S) USED IN: Shock

PHARMACOLOGY AND ACTIONS:

Inhibits plasminogen activation and plasmin activity, preventing clot breakdown. It is a lysine analog and binds to plasminogen preventing the binding of plasminogen to fibrin.

INDICATIONS:

- A. Adult trauma patient (15 years or older) with a time of injury to administration of less than 3 hrs
- B. Evidence of active hemorrhage with Systolic BP < 90 mmHg refractory to 500 ml fluid bolus

CONTRAINDICATIONS:

- A. Trauma greater than 3 hrs old
- B. Clinical evidence of DIC (Disseminated Intravascular Coagulation)
- C. Non-hemorrhagic shock
- D. Non-traumatic shock
- E. Pregnancy
- F. History of MI, CABG or recent Stent

SIDE EFFECTS AND NOTES:

- A. Caution in patients with a history of DVT, PE, or severe renal impairment.
- B. Subarachnoid Hemorrhage. Some indication that TXA may improve outcomes in SAH. Patients with traumatic SAH may be considered for this medication only after a discussion with OLMC.
- C. Should not be given in the same IV line as blood or infusions containing penicillin.
- D. If a blood transfusion is being initiated in the field for traumatic hemorrhagic shock, TXA should also be administered.
- E. Administering TXA in less than 10 minutes can cause hypotension.
- F. Document timing of administration. It is imperative to report TXA administration to the receiving hospital so that treatment can be continued.

ADULT DOSING:

Hypotension

1 gram in 100 - 250 ml NS IV *over 10 min.*

PEDIATRIC DOSING:

None