

North Central Regional Trauma Advisory Council



Position Statement: Administration of Tranexamic Acid (TXA)

Tranexamic Acid (TXA) acts as an antifibrinolytic by inhibiting plasminogen activation and plasmin activity thus stabilizing a clot. Both Level II Trauma Centers in the NCRTAC region support the administration of TXA for injured patients meeting the following indications.

Indication requirements:

- Must appear to be 18 years of age or older
- Ongoing significant hemorrhage, or strong clinical suspicion of hemorrhage (systolic BP < 90 mmHg and/or heart rate > 110 beats/minute)

Administration:

- TXA is ideally given within the first hour of active bleeding and should not be administered more than three hours after injury
- TXA 1 gram intravenous over 10 minutes followed by TXA 1 gram over eight hours

Prehospital Administration:

- The benefit of prehospital administration of TXA has yet to be determined. Services choosing to administer TXA in the field should do so in coordination with their receiving trauma care facilities and follow the aforementioned guidelines.
- Administration of TXA by EMS services in Wisconsin is limited to the paramedic level and must be approved by the State after additional training and medical director approval.

Supported by the following:

Ministry St. Joseph's Hospital Level II Trauma Center and
Level II Pediatric Trauma Center

- Dr. Ivan Maldonado, Trauma Medical Director
- Dr. Jennifer Roberts, Pediatric Trauma Medical Director

Aspirus Wausau Hospital Level II Trauma Center
Dr. Jennine Larson, Trauma Medical Director

References:

The CRASH-2 Collaborators. Effects of TXA on death, vascular occlusive events, and blood transfusion in trauma patients with significant hemorrhage: a randomized, placebo controlled trial. *Lancet* 2010; **376**: 23-32.

The American College of Surgeons – Committee on Trauma (ACS-COT; 2015).