

# 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:

Endorsed by:

- 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 IV over 10 minutes followed by TXA 1 gram IV 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.

# Aspirus Wausau Hospital Level II Adult Trauma Center Dr. Jeffrey Wild Trauma Medical Director

<u>Marshfield Medical Center – Marshfield</u> Level II Adult & Pediatric Trauma Center

<u>Dr. Osama Alsaied</u> <u>Trauma Medical Director</u>

Dr. Jennifer Roberts-Hagen Pediatric Medical Director Approved by NCRTAC general membership DATE TBD.

## 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. Effecects 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).