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## Educational Update for Tranexamic Acid

As a reminder, effective July 1, 2018, TXA has been included in the local optional scope of practice for REMSA authorized ALS providers.

Key concepts that have adapted with the end of the Trial Study:

- Armbands no longer need to be utilized, radio communications and bedside reporting must be used to advise receiving facility of TXA use.
- TXA can be administered to **adult** patients (*REMSA defined*: patients age 15 years or older)
- Inclusion criteria have been modified to reflect progressive hemorrhagic shock recognition. Patients must meet Critical Trauma criteria and have their blunt or penetrating within 3 hours as before, but must also have either:
  - Signs/symptoms of hemorrhagic shock with SBP  $\leq$  90 mmHg, at any point during the EMS patient encounter
  - Or
  - Significant hemorrhage combined with a heart of 120 or greater.
  - Or
  - (Traumatic) Bleeding uncontrolled by direct pressure or tourniquet.

Key concepts that remain the same for TXA administration:

- TXA is indicated for adult critical trauma patients only and remains a standing order.
- Pediatric administration is contraindicated.
- TXA is contraindicated in: penetrating cranial injury, or traumatic brain injury with brain matter exposed, or documented cervical cord injury with motor deficits, isolated drowning or hanging patients.
- TXA *must* be administered to a patient that has circulation, therefore it is not clinically appropriate in traumatic arrest patients.
- TXA will be administered IVPB, 1 gram in 50-100 mL of NS over 10 mins.
- Vital signs must be obtained before, during and after TXA administration, total fluid volume administered to the patient (including the TXA) needs to be documented.
- TXA can contribute to thromboembolic events, so any complications should be documented and reported.

Please contact the EMS Agency at (951)358-5029 if you have any questions.