

# Tranexamic Acid (TXA)

McHenry Western Lake County  
EMS



# Objectives

- During this session we will discuss:
- Class
- Actions
- Indications
- Contraindications
- Dosing/Routes
- How supplied
- Precautions
- Side effects



# Class:

- Antifibrotic



# Actions:

- Anti-fibrinolytic drug and a synthetic equivalent of the amino acid lysine.
- Helps to reduce mortality in the acutely hemorrhaging adult trauma and OB patient if given within three hours of injury or as soon as post partum hemorrhage is apparent.



# Indications:

- Age > 16 years
- < 3 hrs post bleeding onset
- Hemorrhagic shock SBP < 90; HR > 110
- Multisystem trauma, major pelvic fx, solid organ injury with evidence of active hemorrhage
- Traumatic amputations
- Post partum hemorrhage



# Dosing/Routes:

- Loading bolus: 1 Gm in 100 ml NS IVPB (10 ml/min) over 10 min



# How supplied:

- 1 Gm in 10 ml



# Contraindications:

- Subarachnoid hemorrhage; known isolated head injury
- Active intravascular clotting (DIC) and or known history of thromboembolism
- Known hx of renal failure
- Concomitant use with prothrombin complex concentrate (PCC)





# Side effects/adverse reactions:

- Anaphylaxis
- Thrombosis
- Nausea/Vomiting/Diarrhea
- Visual disturbances: blurred vision, changes in color
- Hypotension with rapid infusion rate  $>100$  mg/min
  
- Ref: MWLCEMS Protocol



# Case Study

You are treating a 24 y/o female that weighs 125 lbs. She has a severe post partum hemorrhage. Can you use TXA on this patient?



# Answer

- Yes...as long as the hemorrhage is with 3 hours.



# Question?

- What would be the dose of TXA you could administer?

# Answer

- 1 Gm in 100 ml NS IVPB over 10 min