

Subject: Scope of Practice/Procedure – ALS
Tranexamic Acid (TXA) (Cyklokapron)

Associated Policies:

- I. Class:
 - A. Antifibrinolytic, plasminogen inactivator
- II. Indications:
 - A. Blunt or penetrating traumatic injury with SBP less than 90 at any time during patient encounter.
 - B. Significant hemorrhage not controlled by direct pressure, hemostatic agents, or tourniquet application.
- III. Therapeutic Effects:
 - A. Reduces fibrinolysis and clot breakdown, stabilizes clot formation, and inhibits conversation of plasminogen to plasmin.
- IV. Contraindications:
 - A. Absolute:
 - 1. Greater than 3 hours post injury.
 - 2. Know or estimated age is less than 16 years of age.
 - 3. Active Thromboembolic event (within 24 hours) i.e., CVA, MI, Pulmonary Embolism or DVT.
 - 4. Hypersensitivity or anaphylactic reaction to TXA
 - 5. Traumatic arrest with greater than 5 minutes of CPR without ROSC
 - 6. Drowning or hanging victims
 - B. Relative:
 - 1. Pregnancy
 - 2. Isolated extremity hemorrhage when bleeding has been controlled and if there is a strong expectation for re-implantation.
- V. Adverse Effects: (Occurs less than 1% of patients)
 - A. Hypotension with rapid IV infusion
 - B. Chest tightness, difficulty breathing.
 - C. Facial flushing, swelling in hands or feet.
 - D. Blurred Vision
 - E. Anaphylactoid reaction

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VI. Administration:

A. Dosage:

1. 1 GM in 100ml normal saline IV/IO infused over at least 10 minutes. Do not administer IV push as this will cause hypotension. Rate of administration should not exceed 100mg/minute.
2. Onset: 5 minutes – 15 minutes.

VII. Special Information:

- A. Communicate to receiving facility that patient has received TXA.
- B. All administration of TXA will be reviewed by the provider agency and included in the agencies QIP report.

Approved By		Revision
EMS Director	Larry Karsteadt (Signature on File at EMS Agency)	9/9/2021
EMS Medical Director	Matthew Karp, MD (Signature on File at EMS Agency)	