



**POLICY MEMORANDUM 6612**

**Implementation Date: August 1, 2019**  
**Review Date: May 31, 2022**

**REVIEWED/APPROVED BY:**

  
MD, MAS  
BYRN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR

  
TED SELBY, EMS AGENCY ADMINISTRATOR

**SUBJECT: TRANEXAMIC ACID (TXA)**

**AUTHORITY:**  
California Health and Safety Code, Division 2.5, Chapter 4, Article 1, Sections 1797.220 and 1797.221

**PURPOSE/POLICY:**  
To establish requirements for the administration of Tranexamic Acid (TXA) in trauma patients. Also establishes Quality Improvement (QI) and Quality Assurance (QA) guidelines for TXA. TXA is an optional treatment for all Solano County ALS Providers.

- I. INDICATIONS**
- A. The indications for administration of TXA for patients meeting all the criteria are as follows:
    - 1. Abdominal or thoracic trauma showing signs and symptoms of presumed hemorrhagic shock; defined as the patient having:
      - SBP <90mmHg;
      - AND
      - Diaphoresis; or
      - Capillary refill >2 seconds; or
      - Cyanosis; or
      - Altered level of consciousness.
    - 2. Traumatic injury < **3 hours** from administration;
    - 3. Transport time to a trauma center ≥15 minutes.

## **II. Contraindications**

- A. TXA is contraindicated if the patient has ANY of the following:
  - 1. Active thromboembolic event (within the last 24 hours); i.e., active stroke, myocardial infarction, pulmonary embolism or DVT
  - 2. Hypersensitivity or anaphylactic reaction to TXA
  - 3. Traumatic arrest with >5 minutes of CPR without return of vital signs
  - 4. Penetrating cranial injury
  - 5. Drowning or hanging mechanism of injury
  - 6. Spinal cord injury with motor deficits

## **III. REPORTING AND DOCUMENTATION**

- A. The radio/phone report to the receiving trauma center will include the following:
  - 1. Full patient assessment
  - 2. Vital signs
  - 3. Estimated blood loss, if obtainable
  - 4. Advisement of TXA administration and time of administration
    - a. After arriving at the receiving trauma center, face-to-face report of TXA administration will be given to the Emergency Department (ED) physician, Trauma Surgeon, or Registered Nurse (RN).
- B. Documentation of administration of TXA on the Patient Care Report will include the criteria as stated in Section III(A).

## **VI. QUALITY ASSURANCE/QUALITY IMPROVEMENT REVIEW**

- A. Administration of TXA shall be 100% QA/QI reviewed by the Advanced Life Support (ALS) provider for compliance with this policy and ALS Protocol T-1.
- B. For the first year after the implementation of the TXA policy and protocol, the administration of TXA and associated compliance will be reported on at the quarterly Trauma Advisory Committee (TAC) meeting.
  - 1. After the first year of implementation, upon the request of the EMS Agency, providers may be asked to report on the administration of TXA and the compliance of this policy and ALS Protocol T-1.