

**CLASS: A**

**PROTOCOL(S) USED IN:** Shock and OB/GYN emergencies

**PHARMACOLOGY AND ACTIONS:**

Inhibits plasminogen activation and plasmin activity, preventing clot breakdown. It is a lysine analog and binds to plasminogen preventing the binding of plasminogen to fibrin.

**INDICATIONS:**

- A. Adult trauma patient (16 years or older) with a time of injury to administration within 3 hours OR severe postpartum hemorrhage (blood loss >1 L) after delivery of placenta within 3 hours of delivery AND
- B. Concern for active hemorrhage AND.
- C. SBP <90, HR >110, or other findings suggestive of evolving hemorrhagic shock.

**CONTRAINDICATIONS:**

- A. Time since bleeding onset/injury greater than 3 hours
- B. Known allergy to the medication

**SIDE EFFECTS AND NOTES:**

- A. Should not be given in the same IV/IO line as blood or infusions containing penicillin.
- B. If a blood transfusion is being initiated in the field for traumatic hemorrhagic shock, TXA should also be administered.
- C. Document timing of administration. It is imperative to report TXA administration to the receiving hospital so that treatment can be continued.
- D. Rapid administration can result in hypotension. Take care to administer over 1 full minute in trauma.

**ADULT DOSING:**

- A. **Trauma:** Administer 2 grams slow IV/IO push over 1 minute.
- B. **Postpartum hemorrhage:** Administer 1 gram in 100 ml NS or LR over 10 minutes.