North Central Regional Trauma Advisory Council

Position Statement: Administration of Tranexamic Acid (TXA)

Tranexamic Acid (TXA) acts as an antifibrinolytic by inhibiting plasminogen activation and plasmin activity thus stabilizing a clot. Both Level II Trauma Centers in the NCRTAC region support the administration of TXA for injured patients meeting the following indications.

Indication requirements:

- Ongoing significant hemorrhage, or strong clinical suspicion of hemorrhagic shock (i.e. systolic BP < 90 mmHg, heart rate > 110 beats/minute, and/or shock index > 1.0)

Administration (hospital or pre-hospital):

- TXA is ideally given within the first hour of active bleeding and should not be administered more than three hours after injury
- TXA **2 grams** IV/IO over 10 minutes (preferred)
    - Or 1 gram IV/IO over 10 minutes followed by TXA 1 gram IV/IO over eight hours
- Pediatric dosages:
    - Age ≥ 12: 1g IV over 10 min, second dose 1g IV over 8 hours or until bleeding stops
    - Age < 12: 15 mg/kg IV over 10 min, infuse 2mg/kg/hr over 8 hours or until bleeding stops

Endorsed by:

Aspirus Wausau Hospital
Level II Adult Trauma Center

Dr. Paul Chestovich
Trauma Medical Director

Marshfield Medical Center Marshfield
Level II Adult & Pediatric Trauma Center

Dr. Lucy Martinek
Trauma Medical Director - Adult

Dr. John Cordova
Trauma Medical Director - Pediatric

Approved by NCRTAC general membership January 8, 2026

References:

Barrett, W. J., Kaucher, K. A., Orpet, R. E., Campion, E. M., Goodloe, J. M., Fischer, P. E., Colwell, C. B., & Lyng, J. W. (2025). Tranexamic acid in trauma: A joint position statement and Resource Document of NAEMSP, ACEP, and ACS-Cot. *Journal of Trauma and Acute Care Surgery*, *99*(3), 357–363. https://doi.org/10.1097/ta.0000000000004727

The CRASH-2 Collaborators. Effects of TXA on death, vascular occlusive events, and blood transfusion in trauma patients with significant hemorrhage: a randomized, placebo controlled trial. *Lancet* 2010; **376**: 23-32.