



**Mid-State
Regional Emergency Medical
Advisory Committee**

**Policy Statement
#23-02**

**EMS Agency Medical
Directors**

Effective Date: 03/30/2023

RE: Tranexamic Acid

The Midstate Regional Medical Advisory Committee has endorsed the use of Tranexamic Acid (TXA) after receiving endorsement from the Regional Trauma Advisory Committee.

TXA is administered under the Shock- Adult: Trauma Associated Shock and is dosed 1gm in 100mL over ten minutes.

Training was conducted by Dr. Bombard in conjunction with the North Country Program Agency. The training can be found on the Midstate CollaborNation LMS System at: <https://collabornation.net/register/Midstates>

Please ensure all Paramedic providers are trained and training document is maintained in their agency file. Providers will be awarded 0.5 hours of CME credit after completing the video and exam.

Please see the attached Shock-Adult: Trauma Associated Shock protocol.

Shock – Adult: Trauma Associated Shock

For pediatric see, “Shock - Pediatric: Sepsis / Shock / Hypoperfusion”

CFR AND ALL PROVIDER LEVELS

EMT

- ABCs and vital signs
- Airway management and appropriate oxygen therapy
- Position the patient in a supine position if possible (e.g. no evidence of pulmonary edema)

● CFR AND EMT STOP

ADVANCED

CC

- Vascular access
- If COMPENSATED SHOCK: (Systolic BP \geq 100 mmHg, MAP \geq 65)
- Normal saline, one (1) liter, then 500 mL/hour
- IF DECOMPENSATED SHOCK:
- Normal saline 500 mL bolus, if SBP < 100 mmHg or MAP < 65 mmHg; may repeat up to a total of 2 L if lung sounds remain clear
 - Goal Systolic BP \geq 100 mmHg, MAP \geq 65

● ADVANCED and CC STOP

PARAMEDIC

IF DECOMPENSATED SHOCK:

- Blood* - transfuse 1 unit Type O(-) blood per protocol
- Tranexamic Acid (TXA) 1gm in 100ml over 10 minutes
(While moving to the hospital or LZ unless patient is entrapped)

● PARAMEDIC STOP

MEDICAL CONTROL CONSIDERATIONS

- Additional normal saline
- Blood* administration in patients not defined in this protocol
- TXA administration in patients not defined in this protocol – see educational document
- Norepinephrine 2 mcg/min, titrated to 20 mcg/min, if needed after fluid bolus is completed, to maintain Systolic BP \geq 100 mmHg, MAP \geq 65

Key Points/Considerations

COMPENSATED SHOCK in trauma is defined as significant mechanism of injury AND tachypnea, tachycardia, pallor, or restlessness, AND Systolic BP \geq 100 mmHg, MAP \geq 65 mmHg

DECOMPENSATED SHOCK is defined as clinical picture of shock AND systolic BP < 100 mmHg, MAP < 65 mmHg