

M28 - TRANEXAMIC ACID (TXA)

Version date: 2025-02-15 Effective date: 2025-04-30 (07:00)

INDICATIONS

- Major trauma and hemorrhage with or without signs of shock within three hours of injury
- Post partum hemorrhage²
- Nontraumatic hemorrhagic with signs of shock in certain situations³

WARNINGS

ABSOLUTE CONTRAINDICATIONS:

• Hypersensitivity to tranexamic acid

ADMINISTRATION	
INTRAVENOUS (INTRAOSSEOUS)	PCP / ICP / ACP

ADULTS / ADOLESCENTS:

• Administer 1 gram by slow push over 10 minutes

INFANTS / CHILDREN:

Administer 15 mg/kg by slow posh over 10 minutes (maximum per dose = 1 gram)

NOTES

- 1. TXA cannot be given in the same line as oxytocin.
- 2. Limited data is available to support the efficacy in infants with traumatic hemorrhage. The infusion volume may have to be adjusted in infants less than 5 kg. Paramedics should contact OLMS to discuss administration.
- 3. There is limited evidence to support the use of tranexamic acid in shock from nontraumatic hemorrhage, but it may be of benefit in some situations.

LINKS

- C07.2 Non Trauma Hemorrhagic Shock
- D08.1 Post Partum Hemorrhage
- F01 Major Trauma

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VERSION CHANGES (refer to X08 for change tracking)

- Addition of advanced work scope
- Removal of requirement to call OLMS before administration with non-trauma hemorrhage