

	M28 - TRANEXAMIC ACID (TXA)	
	MEDICATION STANDING ORDER	
Version date: 2023-07-17	Effective date: 2023-09-19 (0700 hours)	

INDICATIONS
<ul style="list-style-type: none"> Major trauma and hemorrhage with or without signs of shock <u>within three hours of injury</u> Post partum hemorrhage ³ Nontraumatic hemorrhagic <u>with signs of shock</u> in certain situations ⁵

CONTRAINDICATIONS
<ul style="list-style-type: none"> True allergy to tranexamic acid

ROUTE (WORK SCOPE)	INITIAL DOSE	REPEAT DOSE
INTRAVENOUS (PCP & ABOVE)	12 years & older - 1 gram	None
	1 up to 12 years - 15 mg/kg (max = 1 gram)	
INTRAOSSEOUS (ICP & ABOVE)	12 years & older - 1 gram	
	1 up to 12 years - 15 mg/kg (max = 1 gram)	

NOTES
<ol style="list-style-type: none"> Rapid administration may cause hypotension. Mix 1 gram in 100 ml IV fluid and infuse over ten minutes. TXA may be administered in Ringer's lactate or 0.9% saline solution. TXA cannot be given in the same line as oxytocin. 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. 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. <u>On-line medical support must be consulted before administration.</u>

APPROVED BY	
	
Medical Director - Provincial EMS/PT	Associate Medical Director - Provincial EMS/PT

VERSION CHANGES (refer to X08 for change tracking)
<ul style="list-style-type: none">Revised administration table presents information for scope / route / dose more clearly