



Regional Emergency Medical Organization
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REMAC ADVISORY 2022 – 03

Re: Tranexamic Acid (TXA)

Effective Date: Current

The Regional Trauma Advisory Committee for the AAREMS, Mountain Lakes and REMO regions has endorsed the use of Tranexamic Acid (also known as TXA) for Shock – Adult: Trauma Associated Shock. The dose is TXA 1gm in 100ml over 10 minutes.

Dr. Bombard from Mountain Lakes has created a training video that is available here: <https://youtu.be/gnqXQ7Hh1hE>

Agencies, please plan to stock TXA in your formulary.

Please note that Blood Administration is included in the protocol Shock – Adult: Trauma Associated Shock. Emergency ground ambulances carrying blood products and initiating blood administration for shock patients is NOT approved by the DOH and not yet possible in New York. Emergency initiation of blood product administration is allowed for helicopter services.

Ambulance transfusion services may transport patients BETWEEN hospitals with orders for care that includes blood products. Transfusion is included in this protocol so that we can continue to work to expand the opportunities that exist to care for patients across our diverse state and advance emergency medical care.

Attachment: Collaborative Protocol: Shock – Adult: Trauma Associated Shock

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

- A falling BP is a LATE sign of shock
- Contact the receiving hospital early with a “trauma alert” call, giving a brief description of the mechanism of injury, status of the patient, and estimated time of arrival