



Policy code	DTP_TRXA_0722	
Date	July, 2022	
Purpose	To ensure a consistent procedural approach to tranexamic acid administration.	
Scope	Applies to all Queensland Ambulance Service (QAS) clinical staff.	
Health care setting	Pre-hospital assessment and treatment.	
Population	Applies to all ages unless specifically mentioned.	
Source of funding	Internal – 100%	
Author	Clinical Quality & Patient Safety Unit, QAS	
Review date	July, 2024	
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.	
URL	https://ambulance.qld.gov.au/clinical.html	

While the QAS has attempted to contact all copyright owners, this has not always been possible. The QAS would welcome notification from any copyright holder who has been omitted or incorrectly acknowledged.

All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

Disclaimer

The Digital Clinical Practice Manual is expressly intended for use by appropriately qualified QAS clinicians when performing duties and delivering ambulance services for, and on behalf of, the QAS.

The QAS disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this manual, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.

© State of Queensland (Queensland Ambulance Service) 2022.



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives V4.0 International License

You are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute the State of Queensland, Queensland Ambulance Service and comply with the licence terms. If you alter the work, you may not share or distribute the modified work. To view a copy of this license, visit http://creativecommons.org/licenses/by-nc-nd/4.o/deed.en

For copyright permissions beyond the scope of this license please contact: Clinical.Guidelines@ambulance.qld.gov.au

Tranexamic acid

July, 2022

Drug class

Antifibrinolytic [1,2]

Pharmacology

Tranexamic acid (TxA) is a competitive inhibitor of plasminogen activation through the formation of a reversible complex displacing plasminogen from fibrin. This inhibits the process of fibrinolysis in addition to the protein breakdown caused by plasmin. [1,2]

Metabolism

Hepatic matabolism with renal excretion.[1]

Indications

- **Recent traumatic injuries**[3] (3 hours or less) with a COAST score of 3 or greater
- Management of uncontrolled primary post-partum haemorrhage (3 hours or less)^[4]

Contraindications

• Allergy AND/OR Adverse Drug Reaction

Precautions

Nil

Side effects 1.2

- Headache
- Hypotension
- Nausea and/or vomiting
- Seizures

Presentation

• Ampoule, 1 g/10 mL tranexamic acid

Onsel	Duration	Half-life	
Minutes	Serum 7–8 hours	2 hours	

Schedule

• S4 (Restricted drugs)

Special notes

• The coagulopathy of severe trauma (COAST) score is a highly specific predictor of acute traumatic coagulopathy (ATC) in adult blunt trauma. [4] A score (0-7) is calculated by determining a collective value of each of the five variables.

COAST SCORE			
Variable	Value	Score	
Entrapment (e.g. in vehicle)	Yes No	1 0	
Systolic blood pressure (mmHg)	> 100 90 - 100 < 90	0 1 2	
Temperature (°C)	> 35 32 - 35 < 32	0 1 2	
Major chest injury likely to require intervention (e.g. decompression, chest tube)	Yes No	1 0	
Likely intra-abdominal or pelvic injury	Yes No	1 0	

Special notes (cont.

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the *QAS Clinical Consultation and Advice Line*.
- All cannulae and IV lines must be flushed thoroughly with sodium chloride 0.9% following each medication administration.
- The use of tranexamic acid in trauma and obstetric cases is consistent with national guidelines.

HEN PRINTED

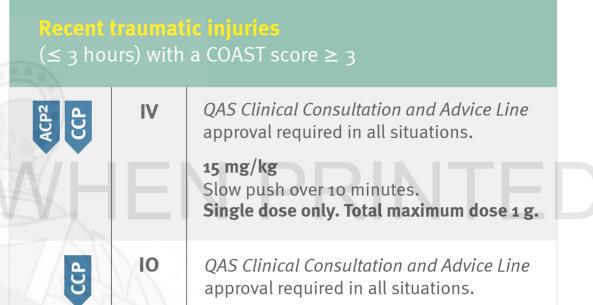
There is no role for the use of tranexamic acid during traumatic cardiac arrest.

Adult dosages [1-4]

- Recent traumatic injuries (≤ 3 hours) with a COAST score ≥ 3
- Management of uncontrolled primary post-partum haemorrhage (≤ 3 hours)

ACP ² CCP	IV	1 g Slow push over 10 minutes. Single dose only.
ACP2 CCP	IV INF	1 g over 10 minutes. Single dose only. Infusion preparation: Mix 1 g of tranexamic acid in a 100 mL bag of sodium chloride 0.9%. Ensure bag is appropriately labelled. Administer over 10 minutes (approx. 3 drops /second).
CCP	10	1 g Slow push over 10 minutes. Single dose only.
CCP	IO INF	1 g over 10 minutes. Single dose only. Infusion preparation: Draw up 1 g (10 mL) of tranexamic acid in a 30 mL SPRINGFUSOR® syringe. Ensure the syringe is appropriately labelled. Administer the infusion via the SPRINGFUSOR® at a rate of 60 mL/hr (over 10 minutes).

Paediatric dosages [1-3]



Slow push over 10 minutes.

WHEN PRINTED

Single dose only. Total maximum dose 1 g.

15 mg/kg