



Mountain Lakes Regional Emergency Medical Advisory Committee

"Proudly serving Clinton, Essex, Franklin, Warren, and Washington Counties."



REMAC ADVISORY 2022 – 01

Re: Tranexamic Acid (TXA)

Effective Date: Current

The Regional Trauma Advisory Committee for the AAREMS, Mountain Lakes, and REMO regions has endorsed using Tranexamic Acid (also known as TXA) for Shock – Adult: Trauma Associated Shock.

The dose is TXA 1gm in 100ml over 10 minutes. Paramedic Only

Agencies, please plan to stock TXA in your formulary.

Dr. Bombard has created a training video that is available here:

[https://www.youtube.com/watch?v= KgprwfkrbE](https://www.youtube.com/watch?v=KgprwfkrbE)

Ensure all providers are trained and training documentation is in their agency files. Providers may receive 0.5 CME credit after completing the video and exam, which can be located in the online CME Database. <https://northcountry.cnyems.org/>– Please email paperwork@fdrhpo.org if you would like a certificate.

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 care orders that include 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

Please contact Dr. Bombard if you have any questions at tbombardmd@cvph.org

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