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***Shock – Supplemental Protocol***

This protocol is a supplement to the **Shock Protocol** (1-8) and contains direction for the consideration for the administration of Tranexamic Acid to patients with signs of hemorrhagic shock from traumatic injury.

**Pre-Medical Control**

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. Follow **Shock Protocol**.

**PARAMEDIC**

2. Consideration for the administration of Tranexamic Acid should be given to any patient meeting the following criteria:
  - a. Presumed hemorrhagic shock from a traumatic cause or evidence of severe uncontrolled bleeding.

*-or -*

  - b. Hypotension (evidenced by systolic blood pressure < 90 mmHg) and/or tachycardia (>110 beats per minute), or declining blood pressure and sustained tachycardia in the presence of a traumatic injury.
3. Tranexamic Acid not indicated in the following:
  - a. Age less than 18 years
  - b. Spinal, cardiogenic or septic shock
  - c. Hemorrhagic shock from a non-traumatic cause (massive GI or gynecological bleeding).
  - d. Peripheral hemorrhage that can be controlled through compression (amputations).
4. Dosing
  - a. Mix 1 gram of Tranexamic Acid in 100 ml of normal saline.
  - b. Administer via IV over 10 minutes.
5. Notes
  - a. In order to maximize the effectiveness of Tranexamic Acid, a second dose must be administered at the destination facility.
  - b. Transport of the patient should be to a designated trauma facility capable of continuing the subsequent Tranexamic Acid dose.
  - c. Advise the receiving hospital of the administration of Tranexamic Acid when giving an in-bound and bedside report.