RECOMMENDATION FOR CONSIDERATION				
Board Meeting Date: September 10, 2015				
Subject: Addition of Tranexamic Acid (TXA) to Approved Medication List				
VTR#: 0915-01	Committee/Task Force: Medical Advisory			
⊠ Recommended Goal	☐ Recommended Policy Change	□Other:		

# **Recommendation:**

The Pennsylvania Department of Health should add tranexamic acid (TXA) to the "Approved Medications List for EMS Agencies, Providers and Required Medications Based on License Type" and permit monitoring of this medication by EMS providers at or above the level of paramedic during an interfacility transport.

## Rationale [Background]:

Tranexamic acid (TXA) is an antifibrinolytic that competitively inhibits the activation of plasminogen to plasmin, by binding to specific sites of both plasminogen and plasmin, a molecule responsible for the degradation of fibrin, a protein that forms the framework of blood clots. In emergency and trauma medicine, it is used to treat or prevent excessive blood loss in trauma patients with suspected internal hemorrhage. TXA has been found to decrease the risk of death in trauma if administered within three (3) hours following injury.

Adding this medication to the "Approved Medications List for EMS Agencies, Providers and Required Medications Based on License Type" for monitoring during interfacility transport will facilitate the timely transfer of trauma patients from a local emergency department to a tertiary care center. Absent the ability of a paramedic to monitor a TXA infusion, the transfer of an otherwise stable trauma patient to a specialty center may be delayed, which in some cases may have untoward consequences for the patient.

TXA is not normally associated with intra-infusion complications and therefore should not cause increased transport-related safety concerns.

## **Medical Review [Concerns]:**

This recommendation is authored by the medical advisory committee; there are no identified concerns with recommendation

#### **Fiscal Concerns:**

N/A

#### **Educational Concerns:**

Providers tasked with monitoring a TXA infusion should familiarize themselves with the medication prior to transport. The agency medical director is responsible to ensure providers are familiar with this and all medications a provider may monitor and/or administer

## Plan of Implementation:

TXA should be added as part of the next update to the "Approved Medications List for EMS Agencies, Providers and Required Medications Based on License Type" and subsequently published in the Pennsylvania Bulletin as required by regulation.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

# **Board Meeting Comments/Concerns:**

A physician member commented that many times blood products are administered in combination with TXA during trauma resuscitation. When this is the case, even though the paramedic could monitor TXA if approved by the Department, they still are not permitted to monitor blood product infusions. He suggested MAC may want to reevaluate their position on monitoring of blood products; however this suggestion should not impede the Department's approval of this recommendation.

Signed:	President	mes Da	te9-10-15	
	For PEHSC U	Jse Only – PA Departmen	t of Health Response	
Accept:	Table:	Modify:	Reject:	
Comments:				
Date of Departn	nent Response:			