



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

tranexamic acid

Effective Date: Oct 2012

Revised Date: March 2024

CLASSIFICATION
**Hemostatic,
Antifibrinolytic**

OTHER NAMES
Cyklokapron

PAGE
1 of 1

ADMINISTRATION POLICY:

IV Intermittent – May be administered by nurse

IV Bolus – May be administered by nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 100 mg/mL – 5 mL, 10 mL amp/vials

IV Bolus: Give dose by **slow** injection, undiluted, over at **least** 5 minutes

IV Intermittent: Administer over 15 to 30 minutes

Dose	Dose Preferred Diluent Volumes Bag size
	NaCl 0.9% or D5W
ordered	25mL or 50mL

DOSAGE:

Usual:

IV Bolus/Intermittent: 500 mg to 1500 mg 3 to 4 times daily

Trauma Associated Hemorrhage: 1000 mg IV Load over 10 minutes, then 125 mg/hour IV for 8 hours

Postpartum Hemorrhage: 1000 mg over 10 minutes given within 3 hours of vaginal birth or cesarean section

Maximum single dose: 10 mg/kg

Maximum daily dose: 6000 mg/day

Maximum rate: 100 mg/minute

Maximum concentration: 100 mg/mL

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with D5W, normal saline, Ringers Lactate

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Hypotension (usually occurs when rate exceeds 100 mg/minute)
- Colour vision disturbance (transient)
- Nausea, vomiting, diarrhea (dose related)
- Thromboembolic complications (MI, DVT, Pulmonary Embolus reported)

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- IV therapy should be converted to oral therapy as soon as possible. 500 mg IV is approximately equal to 1.5 grams orally
- Reduce dose in renal dysfunction