

TRANEXAMIC ACID (TXA) IN MAJOR TRAUMA

January 2025

ADULTS

1/ Do you think your patient has significant ongoing extra-cranial haemorrhage?
Is it within 3 hours of injury?

IF YES to both (and no allergy to TXA or constituents or significant underlying thrombo-embolic disorder) – 1g bolus and 1g iv infusion over 8 hours (bolus may be given pre-hospital or in hospital)

OR

1g bolus pre-hospital and 1g bolus in hospital (*Note: this regimen is not currently supported by experimental evidence or NICE guidance*)

OR

2g bolus over 10 minutes in hospital (*Note: this regimen is not currently supported by experimental evidence or NICE guidance*).

IF TXA GIVEN STOP HERE, IF NOT:

2/ Does your patient have a traumatic head injury and GCS of 12 or less? Is it within 2 hours of injury?

If YES to both ensure the patient has had a total of 2g of iv TXA (ideally given as a single bolus over 10 minutes).

CHILDREN

1/ Do you think your patient has significant ongoing extra-cranial haemorrhage?
Is it within 3 hours of injury?

IF YES to both (and no allergy to TXA or constituents or significant underlying thrombo-embolic disorder) – 15mg / kg (max 1g) bolus and 2mg /kg / hr (max 1g) iv infusion over 8 hours (bolus may be given pre-hospital or in hospital)

IF TXA GIVEN STOP HERE, IF NOT:

2/ Does your patient have a traumatic head injury and GCS of 12 or less? Is it within 2 hours of injury?

If YES to both ensure the patient has had a total of 15mg/kg of iv TXA (ideally given as a single bolus over 10 minutes).

FAQ

Q. My patient has proven significant ongoing haemorrhage and hasn't had TXA but it is more than 3 hours post injury – what should I do?

The evidence does not support the administration of TXA in these circumstances and there is some evidence of harm if commenced after 3 hours. Senior clinicians can use their judgement as to potential risk / benefit of administration.

Q. My patient has intracranial haemorrhage on their CT scan but a GCS of more than 12. Should they have tranexamic acid?

There is no evidence for the administration of TXA in these circumstances and it should only be given on neurosurgical advice unless there is a deterioration in GCS to 12 or less AND it is less than 2 hours since injury.

Q. A Flow chart would be helpful. Where can I find one?

At the end of this document.

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IN HOSPITAL TRANEXAMIC ACID (TXA) - ADULTS



