In-flight risk of venous thromboembolism and use of tranexamic acid in trauma patients.


Quote:
“To conclude, we believe that the harm-benefit balance of TXA is favorable in severe bleeding after major trauma and should be administered as soon as possible in the prehospital setting, ideally < 1 hour from the time of injury. However, when bleeding is not life threatening, especially when an air medical evacuation is planned, the thrombotic risk is too poorly documented to justify exposing patients to a plausible risk. Strict compliance with an established administration protocol is essential, pending further studies focused on the use of TXA during air medical evacuations and thrombosis in trauma patients.”