Tranexamic acid Intravenous for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Available preparations

Cyklokapron 500mg per 5ml ampoule

Tranexamic acid 500mg per 5mL ampoule (Bowmed)

Reconstitution

Already in solution

Draw up using a 5 micron filter needle

Infusion fluids

Sodium chloride 0.9% or Glucose 5%

Methods of intravenous administration

Intravenous infusion (unlicensed BUT preferred due to safety concerns due to risk of rapid administration with alternative routes)[ref 1,6]

- Add required dose to a convenient volume and give over at least ten minutes *e.g. 100ml sodium chloride 0.9% over 10 minutes*

Slow intravenous injection (caution: recommendation of max 100mg/minute makes this route impractical)

- Administer required dose at **a rate of 1ml per minute (100mg per minute) to minimise harm**
- Rapid administration may cause hypotension and loss of consciousness [ref 1]

Dose in adults

Standard treatment of local fibrinolysis:

- Give 0.5 to 1g two to three times daily
- **Important: Maximum rate of administration is 1g over 10 minutes- to avoid Adverse Drug Reactions**

Standard treatment of general fibrinolysis:

- Give 1g every six to eight hours, equivalent to 15mg per kg body weight
- **Important: Maximum rate of administration is 1g over 10 minutes- to avoid Adverse Drug Reactions**

Significant haemorrhage following trauma (unlicensed indication)[ref 2,3]

- Give a 1g dose over 10 minutes, followed by 1g as an intravenous infusion over eight hours
- **Important: Maximum rate of administration is 1g over 10 minutes- to avoid Adverse Drug**

Reactions

- Do not use intravenous tranexamic acid more than 3 hours after injury in patients with major trauma unless there is evidence of hyperfibrinolysis[ref 2]

Neutralisation of thrombolytic therapy [ref 4]

- Give 10mg per kg
- **Important: Maximum rate of administration is 1g over 10 minutes- to avoid Adverse Drug Reactions**

Disseminated intravascular coagulation (DIC)[ref 4]

- A single dose of 1g tranexamic acid is frequently sufficient to control bleeding
- Administration of tranexamic acid in DIC should be considered only when appropriate haematological laboratory facilities and expertise are available
- **Important: Maximum rate of administration is 1g over 10 minutes- to avoid Adverse Drug Reactions**

Post-partum haemorrhage (unlicensed indication)

- See WAC Group and National Guidelines and Procedures and Pathway for the management of Primary and Secondary Post-partum Haemorrhage (PPH)Â
- **Important: Maximum rate of administration is 1g over 10 minutes- to avoid Adverse Drug Reactions**

Renal impairment [ref 5]		
GFR (ml per minute/1.73m2)	**Dose**	**Frequency**
20 to 50	10mg/kg	every 12 hours
10 to 20	10mg/kg	every 24 hours
less than 10	5mg/kg	every 24 hours

Storage

Store below 25^{0}C

References

SPC February 2020

1: Injectable medicines guide Medusa downloaded 08/05/2024

2: NICE 2016 NG39 Major trauma: assessment and initial management

3: UptoDate -accessed online 08/05/2024

4: Martindale accessed online 08/05/2024

5: Renal Drug database accessed online 08/05/2024

6. Conversations with Drs Gilmore and Cosgrave. 18 April 2024. (Peter Kidd).

Therapeutic classification

Antifibrinolytic drug