

Compliance of Trauma Team Leaders with Administering Tranexamic Acid for Significant Hemorrhage

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Background: Hyperfibrinolysis forms an integral component of the acute coagulopathy of trauma. This process can be blocked by antifibrinolytic drugs such as tranexamic acid (TXA).

Objective: To evaluate the current compliance rate of trauma team leaders (TTL) of administering TXA for eligible patients.

Design: A Retrospective Study.

Setting: Bahrain Defence Force Hospital, Bahrain.

Method: A retrospective clinical study was performed from October 2016 to March 2017. The patients data were retrieved from the trauma registry and only those ≥ 18 years old were included. Sixty-one patients were seen in the trauma bay. The compliance rate of administering TXA was documented. The inclusion criteria were as follows: adult trauma patients (>18 years) with evidence of ongoing hemorrhage on arrival to the trauma bay suggested by: systolic blood pressure (SBP) ≤ 90 , heart rate (HR) ≥ 110 , and patients transfused with 1 unit of O-PRBC (packed red blood cells). The exclusion criteria included age ≤ 18 , hypersensitivity to TXA or any of its excipients, and frank hematuria.

Result: Twenty-six patients out of 58 (44.8%) had met the inclusion criteria and were supposed to receive TXA according to hospital guidelines. Only 8 (30.7%) received TXA as part of their initial resuscitation in the trauma bay.

Conclusion: A low compliance rate was observed. Current efforts can be directed towards adjusting guidelines and reinforcing seminars to improve adherence. Other interventions can be implemented in the long-term.