



Severn Pathology



South West Regional Transfusion Committee



North Bristol  
NHS Trust

# Tranexamic Acid (TXA) use in Hip Fracture Patients



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Exceptional healthcare, personally delivered

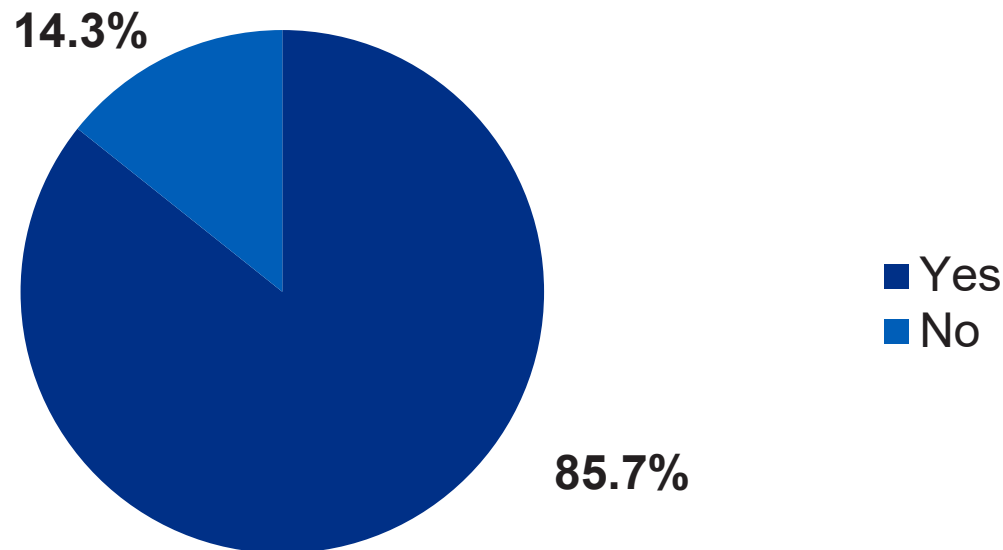
# TXA Regional Survey results

- **Following TXA presentation to RTC on NBT's guideline for TXA use in #NOF patients**
- **Survey was sent regionally - 14 responses**
- **Data submitted March 2019**

# Do you routinely anaesthetize for hip fracture patients?

- Regularly (Monthly) (11) – 79%
- Occasionally (6 months) (3) – 21%
- Rarely (yearly) (0) – 0%
- Never (0) -)%

# Do you Routinely give TXA to hip fracture patients ?



# Do you think TXA should be given in ED, prior to Surgery, both or at another time?

- Prior to surgery (7) 58%
- Both (4) 33%
- ED (1) 8%

# If you give TXA to hip fracture patients in theatre, what dose do you give?

- 1g I.V 100%
- 1g Oral 0%

# If you give TXA to hip fracture patients, when do you give it?

- Prior to incision (7) - 58%
- On Induction (5) – 42%

## Please indicate patients who you would NOT give TXA too

- Allergy to TXA (13) - 100%
- Stroke/ DVT/ PE in the last 6 months (11) - 85%
- Coronary stents in the last year (7) – 54%
- Any history of thromboembolic event (5) – 38%
- Fibrinolytic Conditions following DIC (4) - 31%
- Seizures (2) – 15%



# What's Next ?

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## Tranexamic Acid (TXA) in Hip Fracture Surgery

Method

Contraindications

Dose

- Check patient has not had TXA prior to theatre
- Slow** IV injection over 10 mins on induction of anaesthesia
- No further doses required

- Stroke, Thromboembolic disease in the last 6 months
- Coronary stents within a year
- Allergy to TXA

- Standard: 15mg/Kg to max of 1g
- Renal Impairment:

Serum Creatinine $\mu\text{mol/l}$	Dose I.V.
130-249	10mg/kg BW
250-500	10mg/kg BW
>500	5mg/kg BW

<https://www.medicines.org.uk/emc/product/1077/smpc>

TXA SWRTC guideline Version 1, 1 June 2018 – TXA Working Group: T. Hooper, C. Laxton, N. DeZoysa, M. Pyke, E. Cairns, J. Faulds, B. Ferguson, A. McCormick, V. Chandler-Vigand & K. Cowan.