REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

tranexamic acid

Effective Date: Sept10-2014 **Revised Date:**	CLASSIFICATION **Anti-fibrinolytic** **Anti-hemophilic**	OTHER NAMES **Cyklokapron**	PAGE 1 of 2

ADMINISTRATION POLICY:

IV Bolus – May be administered by a nurse
IV Intermittent – May be administered by a nurse
IO - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 100 mg/mL 5 or 10 mL vial

IV Bolus: over at least 5 minutes

Intermittent: add to appropriate volume of fluid and infuse over at least 5 minutes

IV infusion: dilute to appropriate concentration and infuse over 24 hours

Final concentration	Tranexamic acid	Volume of fluid	Final volume
5 mg/mL	2 mL	38 mL	40 mL
10 mg/mL	5 mL	45 mL	50 mL
50 mg/mL	20 mL	20 mL	40 mL
100 mg/mL	50 mL	-	50 mL

DOSAGE:

Pre-op: 10 mg per kg immediately prior to surgery followed by oral therapy post-op

IV intermittent: 10 mg per kg per dose every 6 to 8 hours

IV infusion: 10 mg per kg initially over at least 5 minutes followed by 1 mg per kg per hour

Renal impairment:

GFR	Dose adjustment		Interval adjustment
Greater than 50 to 80 mL/minute per 1.73 m^2	50%	**OR**	every 12 hours
10 to 50 mL per minute per 1.73 m^2	25%		every 24 hours
Less than 10 mL per minute per 1.73 m^2	10%		every 48 hours

Maximum dose: 1 gram

Maximum rate : 1.5 mg per kg per minute

Maximum concentration : 100 mg/mL

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STABILITY/COMPATIBILITY:

Stability of final admixture: 24 hours at room temperature

Compatibility: Compatible with D5W, normal saline, dextrose-saline solutions

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- CV: hypotension (secondary to administration rate exceeding 100 mg/minute), thromboembolic complications
- GI: nausea, vomiting, diarrhea
- Hemat: thrombocytopenia, coagulation defects
- Neuro: headache, dizziness
- Other: colour vision disturbances (transient; chronic therapy only)

CAUTION

- ophthalmic exams are recommended at baseline and at regular interval for chronic therapy greater than 1 week
- do not treat hemorrhage due to disseminated intravascular coagulopathy (DIC) with any antifibrinolytic agent unless both bleeding tendencies and systemic fibrinogenolysis are present.

CONTRAINDICATIONS

- history or risk of thrombosis, including active clotting – increased risk for venous or arterial thrombosis
- subarachnoid hemorrhage – increased risk of cerebral ischemia
- disturbances of colour vision
- concurrent factor IX complex or anti-inhibitor coagulant concentrates – increased risk of thrombosis

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- the dose or interval of administration of tranexamic acid must be adjusted for renal impairment