



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

NOV - 4 2011

MEMORANDUM FOR DEFENSE HEALTH BOARD

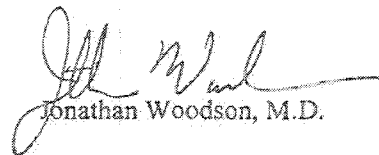
SUBJECT: Response to Defense Health Board Recommendation Regarding the Addition of Tranexamic Acid to the Tactical Combat Casualty Care Guidelines

I would like to extend my appreciation to the Defense Health Board (DHB) for its continued efforts to provide the Department with constructive recommendations to help maximize the health, safety, and effectiveness of the U.S. Armed Forces. As the Department continually seeks to identify opportunities to improve the care rendered to our wounded service members the DHB provides invaluable guidance.

The DHB rationale for the administration of Tranexamic Acid (TXA) to combat casualties with severe bleeding is well supported in the medical literature. However, other than in Special Operations environments, use of TXA in tactical combat settings should not be implemented.

In the current theater of operations, average evacuation time is 39 minutes. Provision of TXA in this tactical setting does not provide a significant clinical benefit. TXA could easily be administered, well within the recommended three-hour interval, upon arrival at a fixed facility where more adequate resources, expertise and staffing are available. The addition of TXA to the field medic's bag also represents logistic, training and implementation burdens that do not derive a supportable benefit to our wounded service members and does place added stresses on our combat medics and medical logistics infrastructure.

Should the combat operations setting change to one with prolonged evacuation times, the addition of TXA for tactical combat casualty care should be reconsidered. In the meantime, TXA is a viable treatment option that should be limited to fixed facilities or to use by the Special Operations community.


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