



THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

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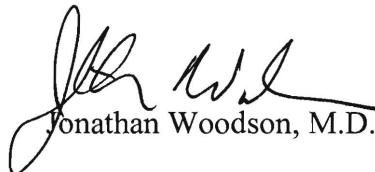
MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
DIRECTOR, JOINT STAFF

SUBJECT: Use of TXA in Combat Casualty Care

Traumatic hemorrhage remains the leading cause of death on the battlefield. Emerging theater medical data, reinforced by civilian trauma experts, demonstrate a trend toward improved survival with early administration of TXA in casualties who require massive transfusions¹. Joint Theater Trauma experts recommended adding TXA as an adjunct to severe hemorrhage management. Presently, TXA is not FDA-approved for this indication, and as such is considered an off-label use subject to a provider's clinical judgment in a practitioner-patient relationship.

The Military Services and the Combatant Commands may authorize such use of TXA in the combat environment, consistent with current clinical practice guidelines and appropriate clinical oversight. The Services will accumulate outcome data and monitor adverse events. The Services will establish Service-specific policies regarding TXA administration, develop training and education plans, and assume all costs for implementation. TXA may be obtained through normal class VIII channels.

The point of contact for this action is Ms. Elizabeth Fudge, who may be reached at (703) 681-8295, or by email at Elizabeth.Fudge@tma.osd.mil.


Jonathan Woodson, M.D.

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Director, Defense Health Agency
Joint Staff Surgeon
U.S. Central Command Surgeon

¹ US Central Command Surgeon Memorandum to ASD(HA), "Battlefield Survival Initiative", April 18, 2013.