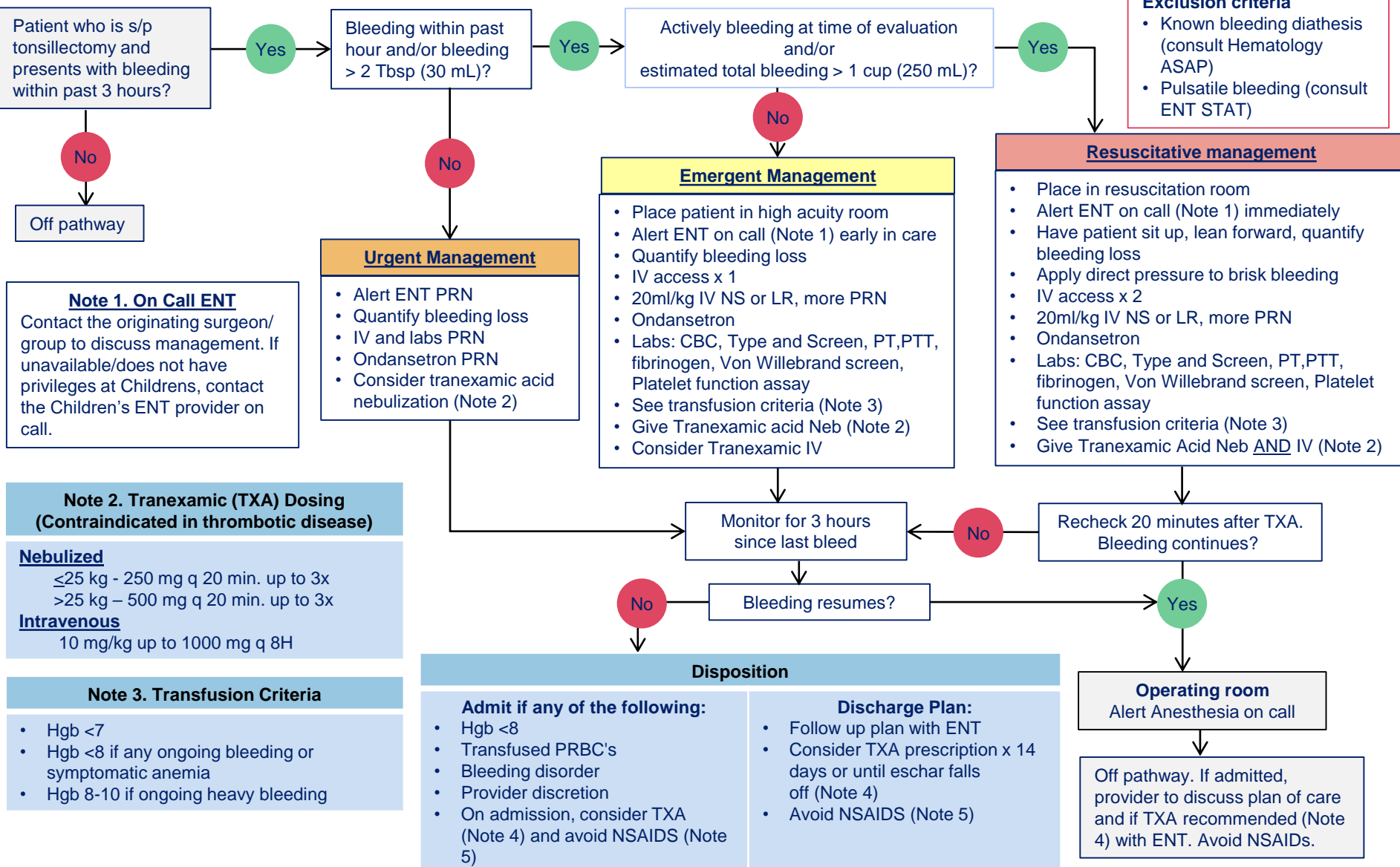


Aim: Reduce the need for acute OR management in patients with post-tonsillectomy hemorrhage.



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Note 4. Oral Tranexamic acid and Aminocaproic acid dosing. See also Children's MN [Policy 321.00](#)

Unless contraindicated, patients who have had prolonged or repeated bleeding episodes should be prescribed tranexamic acid or aminocaproic acid x 14 days or until eschar falls off.

Contraindications: Active or history of or intrinsic risk of thrombotic/thromboembolic disease, hematuria, patients using combined hormonal contraception who may become pregnant.

Dosing Recommendations

Tranexamic Acid (Lysteda) Dosing* (available as 650 mg tablets)	Weight	Aminocaproic Acid (Amicar) Dosing** (available as 500 and 1000 mg tablets, and 250 mg/mL oral solution)
162.5 mg (¼ tablet) PO BID	≤ 5kg	250 mg (½ of 500 mg tab) PO Q6H
162.5 mg (¼ tablet) PO BID	5.1 – 8 kg	500 mg PO Q6H
325 mg (½ tablet) PO BID	8.1 – 10 kg	500 mg PO Q6H
325 mg (½ tablet) PO BID	10.1 – 12 kg	1000 mg PO Q6H
325 mg (½ tablet) PO TID	12.1 – 18 kg	1000 mg PO Q6H
650 mg (1 tablet) PO BID	18.1 – 20 kg	1000 mg PO Q6H
650 mg (1 tablet) PO BID	20.1 – 22 kg	1500 mg PO Q6H
650 mg (1 tablet) PO TID	22.1 – 25 kg	1500 mg PO Q6H
650 mg (1 tablet) PO TID	25.1 – 30 kg	2000 mg PO Q6H
650 mg (1 tablet) PO TID	30.1 – 40 kg	2500 mg PO Q6H
1300 mg (2 tablets) PO TID	> 40 kg	3000 mg PO Q6H

For patients unable to swallow tablets, they may be crushed and mixed in a small amount of food

*For tranexamic acid IV given orally, use 25 mg/kg (max 1300 mg) PO TID for dosing; round dose volume to nearest tenth of a millimeter.

**When converting from Amicar oral solution to IV Amicar given orally, convert dose 1:1 on a mg basis

Workgroup: Arms, Kearney, Kuldane, Lawson, Tibesar

References

1. [Link to Policy 321.00](#)
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5. Mitchell RB, Archer SM, Ishman SL, Rosenfeld RM, Coles S, Finestone SA, Friedman NR, Giordano T, Hildrew DM, Kim TW, Lloyd RM, Parikh SR, Shulman ST, Walner DL, Walsh SA, Nnacheta LC. Clinical Practice Guideline: Tonsillectomy in Children (Update). Otolaryngol Head Neck Surg. 2019 Feb;160(1_suppl):S1-S42. doi: 10.1177/0194599818801757. PMID: 30798778.
6. Tran, A.H.L., Chin, K.L., Horne, R.S.C. et al. Hospital revisits after paediatric tonsillectomy: a cohort study. J of Otolaryngol - Head & Neck Surg 51, 1 (2022). <https://doi.org/10.1186/s40463-021-00552-8>

Note 5. Ibuprofen/Motrin in post tonsillectomy bleeds

- Ibuprofen/Motrin should not be used in patients with post-tonsillectomy bleeding. While Ibuprofen/Motrin have been shown to be an important part of post op pain management and is known to be both safe and beneficial in tonsillectomy pain management, it is the consensus of this expert panel that it should not be used in patients returning for a bleed until they have had complete recovery and their risk of a bleeding diatheses has been evaluated.
- Celecoxib would be a favorable alternative if the clinician prefers an NSAID and/or an opioid sparing option.