Post Tonsillectomy Hemorrhage

(C) BCH Emergency Department

UCSF Benioff Children's Hospitals

Inclusion Criteria

T&A within 3 weeks

Exclusion Criteria

- Hx of hypercoagulability (CVA, DVT)
- · Acute airway obstruction
- Patient on ongoing anticoagulation therapy

1 Labs:

- VBG
- CBC
- Type and Screen
- Coags

² Indications for Transfusion:

- Ongoing bleeding with hemoglobin < 7
- Clinically symptomatic

Pain Control

- Acetaminophen
- Fentanyl, if needed
- Avoid NSAIDs

Tonsillar hemorrhage within one hour of arrival? Consult OHNS Keep NPO Was recent bleed • Observe for 3 hours anything more than trace active bleed? Νo · Consult OHNS immediately Bleeding resolved? • Initiate resuscitative measures • Place IV x2 Administer fluid resuscitation • Place in high acuity room (up to 40mL/kg of crystalloid) Consult OHNS Obtain labs¹ Yes Place IV • Give nebulized TXA x1 AND • Obtain labs1 **Give IV TXA** Give nebulized TXA Consider transfusion² • Obtain TEG/Correct PO challenge Coagulopathy Consider heme consult Tolerated? Bleeding resolved? Yes Give second TXA Neb or IV TXA if · Admit for 6-8 hours Discharge with OHNS not already given OHNS to determine further · Order clear liquid diet follow-up · Consider IV fluids management

-Bleeding recurs-

Patient with recent tonsillar hemorrhage

Dosage Chart

Nebulized TXA Dose	
< 25 kg	250 mg
≥ 25 kg	500 mg
IV TXA Dose	
15 mg/kg (max: 1000mg)	

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P&T Committee (10/24)

Disclaimer: This algorithm serves as a guideline only and should not replace clinical judgment. OHNS may direct alternative care as needed.