1. Early (up-front) administration of tranexamic acid (1 gram over 10 minutes and then infusion of 1 gram over 8 hours) as soon as possible and preferably within 3 hours of injury.

2. For patients with critical bleeding, immediate application of a ‘foundation ratio’ of blood components. An example of such a foundation ratio is 6 RBCs and 3 FFP for the initial treatment.

3. Adjustments to the foundation ratio of transfusion support based on the clinical course and results of laboratory tests using goal-directed blood therapy. For example, platelet transfusions can be added if the patient’s count is <100,000/μl (or projected to be soon <100,000/μl) or if the TEG™/ROTEM™ maximum amplitude is below the local threshold for therapy. The specific laboratory tests used and the target goals of therapy can be locally determined emphasizing the value of tests with rapid turnaround time.