Timely correction of coagulopathy in patients with traumatic brain injury (TBI) improves mortality. Recombinant, activated factor VII (VIIa) has been identified as an effective method to correct coagulopathy in patients with TBI. We performed a retrospective study (January 1, 2008-December 31, 2009) of all patients with TBI and coagulopathy (international normalized ratio [INR] > 1.5) transferred to our Level I trauma center. Twenty-three patients with coagulopathy and TBI were transferred to our trauma center, 100 per cent sustained a fall, and 100 per cent were taking warfarin at the time of injury. Ten patients received VIIa to correct coagulopathy before transfer, whereas 13 did not. The purpose of this study was to compare outcomes in patients who received VIIa with those who did not. When comparing the VIIa group with the no-VIIa group there was no difference in age, gender, Glasgow Coma Scale score, injury severity score, transfer time, or INR at outlying facility. Both groups received one unit of plasma before arrival at our trauma center; patients in the VIIa group received a single 1.2 mg dose of VIIa at the outlying facility. Upon arrival to our trauma center the VIIa group had a lower INR (1.0 vs 3.0, \( P = 0.02 \)) and lower mortality (0% vs 39%, \( P = 0.03 \)). In coagulopathic patients with TBI presenting to outlying institutions with limited resources to quickly provide plasma, VIIa efficiently corrects coagulopathy before transfer to definitive care at the regional trauma center. More rapid correction of coagulopathy with VIIa in this patient population may improve mortality.