

CLAHRC BITE

A bite-sized summary of an implementation project supported by Peninsula CLAHRC

June 2012
BITE 01

Bringing Tranexamic Acid (TXA) Into Practice Safely, Quickly and Efficiently



» Who is this relevant to?

Decision makers in NHS ambulance services and emergency departments in NHS Trusts

» Background

TXA is a drug that inhibits fibrinolysis (the breaking down of blood clots, which can worsen bleeding in situations such as major trauma).

The National Institute for Health Research (NIHR) funded a large international study (the CRASH-2 trial) involving a total of 20,211 trauma patients from 274 hospitals in 40 countries. The result of the trial showed that, if used within three hours after trauma, TXA can reduce the risk of death from bleeding by as much as 30 per cent. Based on these findings, getting the drug to all appropriate trauma patients could save around 400 lives per year in the UK. The drug was quickly moved into routine practice by trauma teams in the military but the challenge was how best to get TXA used in the NHS ambulance service and in hospital trusts.

“By working in collaboration with the [Peninsula] CLAHRC, we have been able to introduce the medicine far earlier than would have otherwise have been possible.”

Adrian South, Deputy Director of Clinical Care, South Western Ambulance Service NHS Foundation Trust (SWASFT)

» Findings

The evidence from the CRASH-2 trial indicates:

- High levels of effectiveness
- Very low risk of side-effects
- Cost effectiveness – an adult requires two 500mg ampoules at a combined cost of £3.10

» Outcome

“The South West is lucky to have an ambulance trust with a really innovative approach and a commitment to evidence-based practice. There is often a delay of years between evidence being published and its use in public, but this is a great example of what the NHS at its best can do.”

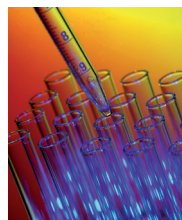
Professor Stuart Logan, Director of PenCLAHRC

- PenCLAHRC facilitated the introduction of TXA by SWASFT ambulance crews across Cornwall and the Isles of Scilly, Devon, Somerset and Dorset, on 1st December 2011, only 18 months after CRASH-2 was published
- Local guidelines and protocols were agreed by emergency department physicians and SWASFT
- Recommendations have been made for TXA to be introduced to all NHS ambulance services and hospitals in the UK during 2012

Reference

CRASH-2 trial collaborators. Effects of tranexamic acid on death, vascular occlusive events, and blood transfusion in trauma patients with significant haemorrhage (CRASH-2): a randomised, placebo-controlled trial. The Lancet 2010. doi:10.1016/S0140-6736(10)60835-5

The CRASH-2 collaborators. The importance of early treatment with tranexamic acid in bleeding trauma patients: an exploratory analysis of the CRASH-2 randomised controlled trial. The Lancet 2011. doi:10.1016/S0140-6736(11)60278-X



What is Peninsula CLAHRC?

The CLAHRC (Collaboration for Leadership in Applied Health Research and Care) for the South West Peninsula is a partnership between the University of Exeter, Plymouth University and the NHS in the South West.

We are funded by NIHR (the National Institute for Health Research) with a mission to undertake high-quality applied health research focused on the needs of patients and a requirement to improve health services locally and further afield.

Website

www.clahrc-peninsula.nihr.ac.uk

For further project information, please visit:

www.clahrc-peninsula.nihr.ac.uk/project/37-crash2.php

The implementation project is supported by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care based in the South West Peninsula. The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health.