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714 'Administration of Tranexamic Acid in Traumatic Brain Injury in a Major London Trauma Centre'

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Aim: Traumatic brain injury contributes to worldwide death and disability more than any other traumatic insult. CRASH-3 demonstrated tranexamic acid is safe in mild to moderate traumatic brain injury and head injury-related death was reduced when given within 3 hours of injury. This project aims to review adherence to the recommendations at a major trauma centre and implement changes with the view of improving outcomes.

Method: Patients presenting at St Mary's Hospital with a traumatic head injury over a 6-month period were identified. Data collection included: timings of injury and tranexamic acid administration, Glasgow Coma Scale at the scene and admission, and bolus vs. bolus and infusion. Results presented at the regional trauma network meeting with summary poster designed for display in the department. A second cycle of data collection was completed over 2 months following the interventions.

Results: There was an increase in the proportion of patients who received tranexamic acid from 29% in cycle 1 to 51% in cycle 2. The proportion of patients receiving both the initial bolus and infusion also increased from 25% in cycle 1 to 45% in cycle 2. The average time from injury to first dose of tranexamic acid was reduced from 2 hours 16 minutes to 1 hour 33 minutes.

Conclusions: The interventions implemented between cycles 1 and 2 led to an overall improvement in the major trauma unit's adherence to the CRASH-3 recommendations. Decisions where tranexamic acid is withheld are down to clinical judgement however it is recommended that the reasoning is also documented.