

# CRASH<sub>2</sub>

Clinical Randomisation of an Antifibrinolytic in Significant Haemorrhage

## Frequently asked questions and the CRASH-2 trial.

**My patient has an extradural haematoma – that’s a pretty significant injury! Should I enter this patient into CRASH-2?**



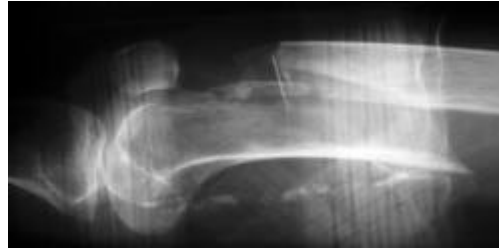
If this is the patient’s only injury, you need to weigh up how likely it is to result in a blood transfusion. The vast majority of patients will not lose enough blood to need a transfusion as a result of this injury alone. However, if the patient has other injuries such as a base of skull fracture, or complex facial fractures you may consider that the patient is likely to need a blood transfusion and you should consider trial entry.

**My patient has been stabbed in the back and has lost about half a litre of blood. We do not think any vital organs are involved. Should I enter this patient into CRASH-2?**



The critical point is the need for blood transfusion. Once control of the wound has been obtained, there is unlikely to be any more *significant* bleeding likely to mean the patient will need a transfusion. You will need to apply clinical judgement and think about how often your hospital needs to transfuse someone in this situation. We would not normally expect such a patient to be randomised.

**My patient seems stable with reasonable vital signs at the moment and does not fulfil the criteria for shock. However, the X-rays show a femoral fracture and a pelvic fracture. Should I enter this patient into CRASH-2?**



You need to apply your clinical judgement. In our experience, this sort of patient is likely to lose a considerable amount of blood and will probably need transfusion. We would normally randomise this patient.

**My patient says she is pregnant! Should I enter this patient into CRASH-2?**



Pregnancy is not a contraindication to entry into the trial providing the patient fulfils the other criteria. There is no data on tranexamic acid in pregnancy, and so your judgement is very important. Some doctors will be unwilling to enter patients at all once they hear about pregnancy, some may wish to enter patients who are only in the third trimester and some may be content to treat all patients, on the basis that what is best for the mother is best for the foetus. On balance, we would probably usually only enter patients in the third trimester (26 weeks on).

**My patient is on warfarin for DVT, but has a ruptured spleen. Should I enter this patient into CRASH-2?**



This patient will probably need transfusion. Thus the patient fulfils the entry criteria for CRASH-2. Tranexamic acid does not affect Warfarin treatment, and you should treat that independently as you normally would in your hospital.

**My patient is shocked and eligible for the CRASH-2 trial. His wife refuses to let him be put in to the trial. However my assistant is willing to give consent instead. That's allowed, isn't it?**



Consent and the rules for consent vary across the world, but our view is that as a clinician and researcher you would not want to go against the patient or relative's wishes without good reason. We suggest that you ask the wife once more but if she still refuses you should respect her views and not enter the patient.