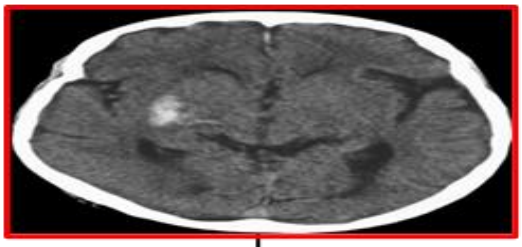
Tranexamic acid for IntraCerebral Haemorrhage 3 (TICH-3)

Inclusion

Adults (≥ 18 years) within 4.5 h of onset of acute spontaneous ICH (confirmed on brain imaging). It is not necessary to exclude underlying vascular lesions (e.g. aneurysms) – but if they are known that is not 'spontaneous' ICH so participant should not be included. Patients with amyloid angiopathy can be included

Exclusion

- Known indication for TXA treatment (e.g. traumatic brain injury).
- Known contra-indication for TXA treatment (e.g. seizures or known active venous thromboembolism).
- Patient known to be taking therapeutic anticoagulation with warfarin or low molecular weight heparin at time of enrolment. Patients taking direct oral anticoagulants can be included and are not excluded.
- Massive ICH (usually when haematoma volume >60ml). Estimated HV using automated software, ABC/2 calculation or simple measurement of largest haemotoma diameter - if no volume exclude if greater than 5cm diameter
- Severe coma, Glasgow Coma Scale <5.
- Decision for palliative (end of life) care.



Verbal permission

Randomise - open lowest numbered treatment pack

2 ampoules + 100ml NaCl 10 mins

2 ampoules + 250ml NaCl 8 hours

Recruitment Alert

Written consent

Primary outcome: Mortality day 7

Secondary: mRS day 180

Assessing eligibility

Can be completed by any clinician they do not need to be on the TICH-3 delegation log.

Taking consent for enrolment

Delegated research team members can take verbal enrolment consent. If research team are not available a member of clinical team can take verbal enrolment consent and document using eligibility checklist and enrolment form.

Emergency phone numbers

For urgent medical enquiries and eligibility queries please call the following emergency mobile numbers.

- 07725 580 092
- 07736 843 592
- 07798 670 726
- 07810 540 604