Emergency Department research

taking place at North Bristol NHS Trust.

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R&D No	Project Title	Project Description
2838 End date: 01/06/2019	Monitoring hospital attendance due to self-harm	This study aims to develop a self−harm database for monitoring self−harm and its management in Bristol and to contribute to the national monitoring of self−harm and improvement in patient services through the evaluation of service innovation.
3442 End date: 30/06/2019	RESCUEASDH	Randomised Evaluation of Surgery with Craniectomy for patients Undergoing Evacuation of Acute Subdural Haematoma
3805 End date: 18/01/2020	RePHILL (Resuscitation with PreHospItaL bLood products)	This trial will investigate whether giving blood products (red blood cells and freeze-dried plasma) to badly injured adult patients, before reaching hospital improves their clinical condition and survival.
3952 End date: 31/10/2023	Perioperative Quality Improvement Programme: Patient Study	This application is to gather and analyse patient data using the PQIP Database. PQIP will measure complications after major planned surgery and seek to improve these outcomes through feedback of data to clinicians. A REC/CAG application for the PQIP Database has already received a favourable opinion. This analysis will answer important research questions about variation in quality of care in major surgery. We expect that this substantial collaborative work will lead to valuable insights regarding the ways in which hospitals use data to drive improvements in care.
3971 End date: 30/06/2020	CRYOSTAT-2	One of the most common causes of death in trauma patients is uncontrolled bleeding. At present, standard treatment for severe bleeding involves rapid infusion of red blood cells and blood components e.g. plasma and platelets in large volumes. We propose to undertake a large research study, called a randomised controlled trial where patients are randomly divided into two groups and treatments are compared: A) standard treatment with normal blood transfusions B) early cryoprecipitate + standard treatment with normal blood transfusions, to see if cryoprecipitate can improve survival in trauma patients with severe bleeding.
3978	FLO-ELA	FLO-ELA: FLuid Optimisation in Emergency LAparotomy. Open, multi-

End date: 01/07/2020		centre, randomised controlled trial of cardiac output -guided haemodynamic therapy compared to usual care in patients undergoing emergency bowel surgery.
4111 End date: 01/11/2020	The A-Stop Study	Antifungal stewardship opportunities with rapid tests for fungal infection in critically ill patients.
4237 End date: 30/06/2020	UK REBOA Study	A randomised controlled trial of the effectiveness, and cost-effectiveness, of Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) for trauma. A new treatment has been developed that could help – it is called “REBOA”(Resuscitative Endovascular Balloon Occlusion of the Aorta). REBOA involves doctors inserting a small balloon directly into the patient’s main artery and inflating it. The balloon then blocks the artery temporarily stopping the blood flow.
4308 End date: 22/07/2022	Alpha-2 agonists for sedation (A2B Trial)	Many patients in intensive care (ICU) need help to breathe on a breathing machine and need pain killers and sedatives to keep them comfortable and pain free. However, keeping patients too deeply sedated can make their ICU stay longer, can cause ICU confusion (delirium), and afterwards may cause distressing memories. For sedation, most ICUs use a drug called 'propofol' that is good at reducing anxiety and making people sleepy. There are two other drugs used less often called 'alpha-2 agonists' that have both sedative and pain-killing actions. The two drugs are called clonidine and dexmedetomidine ('dex'). We want to know whether starting an alpha2-agonist drug early in ICU can help keep patients more lightly sedated but still comfortable, and whether patients spend less time on the ventilator. We also want to know how safe they are and if they can improve important outcomes during ICU stay and during recovery. We also want to know if they are value for money.
4430 End date: 31/07/2019	Effects of user testing injectable medicines guidance – phase 2	Impact of systematic user testing of written guidance on the rate of moderate to severe errors made by hospital nurses during in situ simulation of the preparation and administration of an intravenous medicine: phase 2 – in situ simulation