WE’VE JUST EXPERIENCED A SECOND EXPLOSION, WHICH HAS DECIMATED A BUILDING ALREADY SHAKEN BY THE FIRST BLAST.

CASUALTIES NOW INCLUDE RESCUE AND EMERGENCY WORKERS OFFERING AID TO THE INITIAL VICTIMS.

THE REACTION HERE IS AS EXPECTED, BUT AFTER THE GRIEF AND SHOCK, QUESTIONS WILL BE ASKED.

HOW WAS IT THAT A SECOND EXPLOSION WAS Able TO WREAK HAVOC JUST THREE HOURS AFTER THE FIRST IN A LOCATION ALREADY CORDONED OFF AS AN EMERGENCY AREA?

THIS IS CAROL REYNOLDS REPORTING FOR CHANNEL FOUR NEWS...

MORE ON THE STORY AS WE GET IT.

RED ALERT.
In a way I wish there were more people coming our way. What worries me is how many of the victims will have gone straight to the morgue.

Well, our job is to save as many of those who make it through these doors as we can. Out there they may be victims, but in here, they’re patients.

I’ve seen carnage like this before, but in much smaller doses. This is industrial.

You’re doing great.

I know. And that second blast will have sent the case fatality rate sky high...

Where did Sean get to?

I’m not sure. I think he went to review the stabbing from this morning.
AREN'T YOU LUCKY?
A KNIFE IN THE GLUTS AND YOU MANAGE TO AVOID THE SURGEONS.

TRANAXEMIC ACID INFUSION JUST IN CASE THOUGH.
I AM SORRY THAT SHAVING A THIRD OFF OF YOUR RISK OF BLEEDING TO DEATH HAS KEPT YOU FROM YOUR DRINKING CHUMS.

THE POLICE WILL WANT TO SEE YOU WHEN YOU WAKE UP, PAL.

HE'S STABLE. I NEED TO GET BACK TO THE MAJORS NOW.
NIL BY MOUTH UNTIL HIS INFUSION HAS RUN THROUGH, PLEASE.

SEAN, THERE YOU ARE. WE HAD A...
I KNOW.

LOOK, I KNOW THE STABBING WASN'T HIGH RISK, BUT THE NEW TRANEXAMIC ACID PROTOCOL IS A NUMBERS GAME.

BY TREATING THE MUCH LARGER NUMBER OF PATIENTS AT LOW AND MEDIUM RISK, WE'LL SAVE FAR MORE LIVES THAN BY ONLY TREATING PATIENTS WITH MASSIVE BLEEDING...

IT'S NOT AS THOUGH IT'S A DANGEROUS DRUG. THE JAPANESE TAKE IT FOR A HEADACHE!
WELL THAT EVIDENCE BASED MEDICINE COURSE CERTAINLY MADE AN IMPRESSION ON YOU.

I HAVE TO ADMIT, I LIKE A MAN WHO CAN THINK THINGS THROUGH.

TH-THANKS, TONI. I THINK.

UH, SO... WHAT YOU GOT THERE, CARL?

NOT A BAD BUM EITHER...

OKAY, PEOPLE. GET BUSY!

WE'LL NEED TO OPERATE. SHE'S LOST A LOT OF BLOOD AND MIGHT STILL BE BLEEDING.

SHE'LL NEED TRANEXAMIC ACID AND THEN BLOOD. LOTS OF IT.

CARL, LOOK AT THE TIME!

THE FIRST BLAST WAS NEARLY FOUR HOURS AGO. IF SHE DIDN'T GET TXA ON THE WAY IN, IT'S UNLIKELY TO HELP HER NOW.

HUUH? OH YEAH, OF COURSE.

I MUST BE TIRED.
Carl, you've been on the shop floor for over twelve hours. Go get a coffee or something.

I...yeah. Thanks.

Toni? Second wave, seventy three year old male past history of ischaemic heart disease. Carl has written him up for tranexamic acid. Does that make sense to you?

It's fine.

The last thing an ischaemic heart needs is the extra stress of a haemorrhage.

And, for the record, in the Crash-2 trial there was a highly significant reduction in the risk of myocardial infarction with tranexamic acid.
"Gulp"

Get back out there and focus, Carl Tanner.

Wake up before you miss something.

That's the stab patient's cubicle...

It's a little late for a visitor.

I'm afraid that this ward is -
Hey, where did Carl end up?

I don’t know. He looked exhausted so I told him to take five, but...

Doctors! Come quickly!

Calm down nurse. We’ve enough worried people here already.

But, it’s Doctor Tanner!

What could have happened?

Carl?

Who the...? This is the knife victim’s bay.

A punch? Who could have...?
CARL!
OH MY GOD, HE'S BEEN STABBED!

I'M...I'M OKAY.
I THINK THAT GUY CAME TO FINISH HIM OFF. WE'RE NOT DEALING WITH A SIMPLE KNIFE FIGHT HERE.
SOMEONE WANTED HIM DEAD.

WELL, YOU STOPPED HIM. THIS CUBICLE IS NOW A CRIME SCENE.

NOTHING ABOUT TODAY IS SIMPLE.

WE HAVE TO DO SOMETHING ABOUT THAT BLEEDING.
GET ME AN IV LINE AND ONE GRAM OF TRANEXAMIC ACID NOW.

I'LL LOOK ON THE BRIGHT SIDE... NOT MANY PATIENTS GET TXA WITHIN FIVE MINUTES...

CARL, JUST HANG ON AND WE'LL GET YOU HOOKED UP.

IT'S A DAY MANY WON'T FORGET.

AND, AS THE DUST SETTLES ON THE SITE OF TODAY'S DOUBLE ATTACK, EFFORTS CONTINUE TO SAVE THE SURVIVORS OF THE TRAGEDY.
I’m with doctors Sean McFadden and Toni Shearing.

Your hospital has taken a tidal wave of victims today. What’s the atmosphere been like, overall?

Any event of this scale is upsetting. But we have a great team here and everyone has given their best.

Early administration of the clot stabiliser, tranexamic acid, has helped. We don’t see anything near as much coagulopathy as we would have just a year ago.

Tranexamic acid? A clot stabiliser? A new drug?

Not at all. It’s an old drug that has recently learned some very important new tricks. The British army have been using it in Afghanistan for years. Globally it could save over 100,000 lives each year if only everyone could have access to this life-saving drug.

But surely all drugs have side effects?

If it’s safe enough to be sold over the counter to women with heavy periods, it’s safe enough for me!

In fact, we’re even treating one of our own doctors right now.

A doctor caught in the second blast?
NO, THIS IS JUST THE ROUTINE VIOLENCE THAT EMERGENCY
DEPARTMENT STAFF HAVE TO PUT UP WITH.

DOCTOR TANNER WAS STABBED BY A THUG WHILST
TRYING TO SAVE A PATIENT’S LIFE.

BEFORE YOU GO – HOW MANY VICTIMS ARE IN
CRITICAL CONDITION TONIGHT?

I’M AFRAID WE HAVE NO FIGURES TO SHARE JUST
YET.

HEY, HOW ARE YOU HOLDING UP?
YOU LOOK LIKE YOU MIGHT NEED A DRINK
WHEN THIS IS DONE.

I MIGHT JUST WANT ONE AT
THAT.

SO I’D SAY THE NUMBERS THERE ARE LOOKING
GOOD.

I HEARD WHAT YOU DID FOR ME...

THANK YOU.