

Epistaxis

GRI ED Assessment Guideline

Relevant History

- Side, duration and approximation of amount of bleeding
- History of trauma
- Previous episodes and treatment
- Recent upper respiratory tract infection or rhinitis
- Recent nasal surgery
- Bleeding or bruising elsewhere on the body
- Other significant co-morbidities particularly those which may affect coagulation (e.g. liver disease)
- Medication, concentrating on drugs known to affect coagulation
- Use of drugs of abuse, in particular cocaine
- Alcohol history
- In children, ? possibility of foreign body in the nose.

Haemodynamic compromise or shock
Uncontrolled hypertension
Haemoglobin <80g/dL OR symptomatic of anaemia

Resuscitation measures
Admit

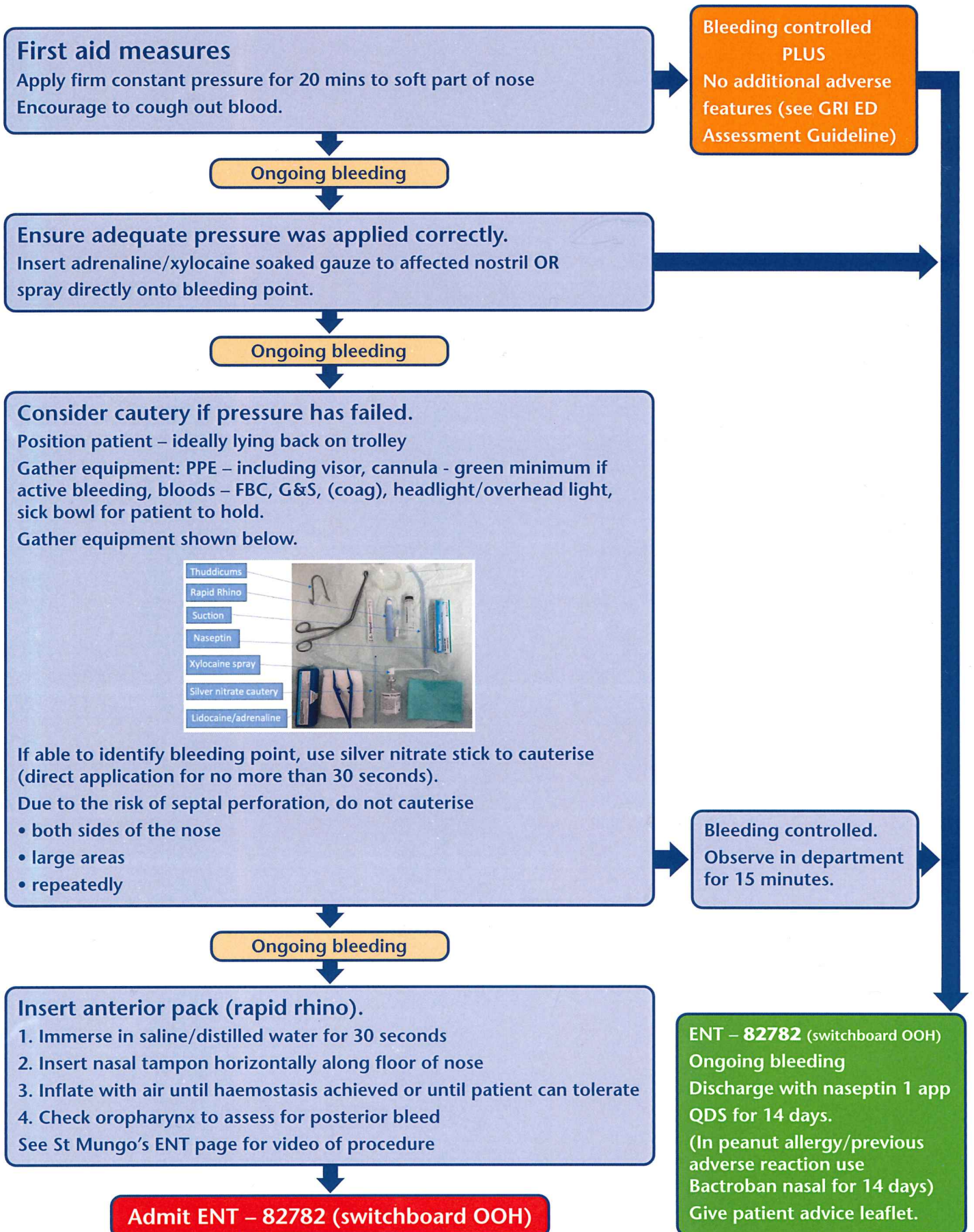
Traumatic cause
On anticoagulants
Haemoglobin <10g/dL
Significant co-morbid illness
Adverse social circumstances; lives alone,
more than 20 minutes from hospital, no
access to telephone/transport

Discuss with ED senior
Consider transfer to
QEUH for ENT review
82782 (switchboard
OOH)

Settles with simple first aid measures +/-
nasal cautery
No adverse features listed above

Discharge with patient
advice leaflet

Local Management and Equipment - Adults age ≥ 16



Information about Nosebleeds

If you have another nosebleed, try the following:

- Sit with your head forward over a bowl or sink
- Pinch the fleshy part of your nose (nares) firmly, closing the nostrils
- Hold your nose for **20 minutes** without releasing the pressure
- Suck on some ice
- Spit out any blood in your mouth: it can make you sick
- Keep as calm as possible

At home, we recommend the following actions:

- Avoid piping hot food and drink for a day
- Avoid strenuous activity or exercise for a day or two
- Do not blow, pick or otherwise traumatise your nose for one week
- Apply antiseptic cream or soft paraffin to both your nostrils twice a day for two weeks, taking care not to push your fingers or nozzles right up into the nose (sniffing it up is safer)

If you have tried the above measures and the bleeding last longer than 20 minutes come back to the Emergency Department.