# **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**



#### First aid measures

Apply firm constant pressure for 20 mins to soft part of nose **Encourage to cough out blood.** 

Ongoing bleeding

Bleeding controlled **PLUS** 

No additional adverse features (see GRI ED Assessment Guideline)

#### Ensure adequate pressure was applied correctly.

Insert adrenaline/xylocaine soaked gauze to affected nostril OR spray directly onto bleeding point.

**Ongoing bleeding** 

#### Consider cautery if pressure has failed.

Position patient – ideally lying back on trolley

Gather equipment: PPE - including visor, cannula - green minimum if active bleeding, bloods - FBC, G&S, (coag), headlight/overhead light, sick bowl for patient to hold.

Gather equipment shown below.



If able to identify bleeding point, use silver nitrate stick to cauterise (direct application for no more than 30 seconds).

Due to the risk of septal perforation, do not cauterise

- both sides of the nose
- large areas
- repeatedly

Bleeding controlled. Observe in department for 15 minutes.

**Ongoing bleeding** 

#### Insert anterior pack (rapid rhino).

- 1. Immerse in saline/distilled water for 30 seconds
- 2. Insert nasal tampon horizontally along floor of nose
- 3. Inflate with air until haemostasis achieved or until patient can tolerate
- 4. Check oropharynx to assess for posterior bleed

See St Mungo's ENT page for video of procedure

Admit ENT – 82782 (switchboard OOH)

ENT – **82782** (switchboard OOH)

Ongoing bleeding

Discharge with naseptin 1 app

QDS for 14 days.

(In peanut allergy/previous adverse reaction use Bactroban nasal for 14 days)

Give patient advice leaflet.



## 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.

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