

from mucosal inflammation associated with allergic rhinitis and upper respiratory tract infections. The bleeding usually stops with minimal pressure and requires no medical evaluation or therapy.

Recurrent epistaxis and severe bleeding may indicate an underlying disease, particularly vascular abnormalities, leukemia, thrombocytopenia, and clotting factor deficiency diseases (e.g., hemophilia, vWD). Nosebleeds are sometimes associated with administration of aspirin, even in normal amounts. Persistent episodes of epistaxis require medical evaluation.

Nursing Care Management

In the event of a nosebleed, an essential intervention is to remain calm. Otherwise, the child will become more agitated, the blood pressure will increase, and the child will not cooperate. Although in most instances a nosebleed is not serious, it can be upsetting to family members as well. They need reassurance that the loss of blood is not serious and that the bleeding usually stops in less than 10 minutes with nasal pressure.

To control the bleeding, the child is instructed to sit up and lean forward (not to lie down or hold head backwards) to avoid aspiration of blood. Most of the nosebleeding originates in the anterior part of the nasal septum and can be controlled by applying pressure to the soft lower portion of the nose with the thumb and forefinger (see [Emergency Treatment](#) box). During this time, the child breathes through the mouth.

Emergency Treatment

Epistaxis

- Have child sit up and lean forward (not lie down).
- Apply continuous pressure to nose with thumb and forefinger for at least 10 minutes.
- Insert cotton or wadded tissue into each nostril and apply ice or cold cloth to bridge of nose if bleeding persists.
- Keep child calm and quiet.