



# Epistaxis



## History

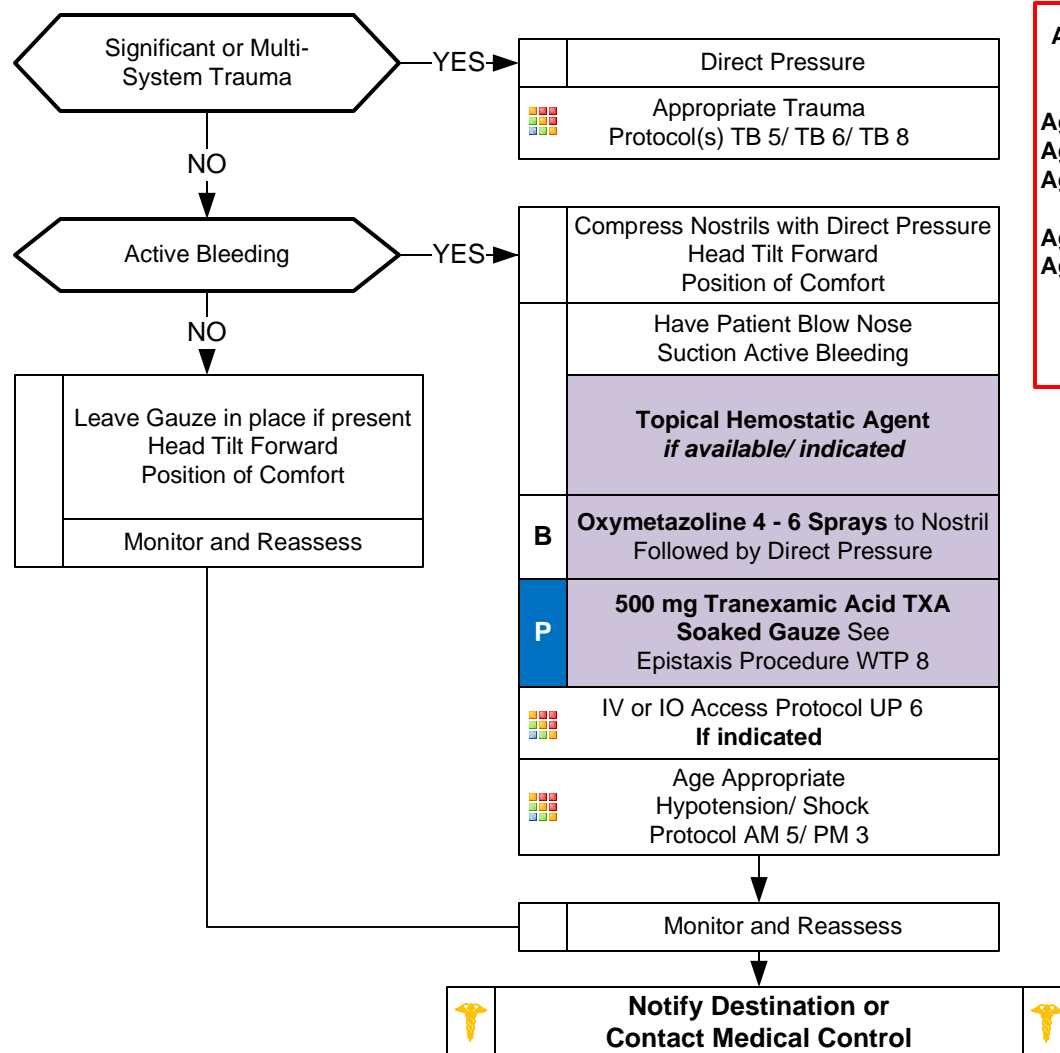
- Age
- Past medical history
- Medications (HTN, anticoagulants, aspirin, NSAIDs)
- Previous episodes of epistaxis
- Trauma
- Duration of bleeding
- Quantity of bleeding

## Signs and Symptoms

- Bleeding from nasal passage
- Pain
- Nausea
- Vomiting

## Differential

- Trauma
- Infection (viral URI or Sinusitis)
- Allergic rhinitis
- Lesions (polyps, ulcers)
- Hypertension



### Age Specific Blood Pressure indicating possible shock

Age 0 – 28 days: SBP < 60  
Ages ≥ 1 month: SBP < 70  
Age 1 – 9: SBP < 70 + (2x Age)

Ages 10 – 64: SBP < 90  
Ages ≥ 65: SBP < 110

All ages Shock Index:  
HR > SBP

Universal Protocol Section

## Pearls

- **Recommended Exam: Mental Status, HEENT, Heart, Lungs, Neuro**
- **TXA Use in Epistaxis:**
  - May be used topically if approved by agency Medical Director.
  - Procedure should be created with specific guidance on how to administer TXA for epistaxis.
  - No clear evidence that TXA provides benefit over conventional vasoconstrictors and sustained direct pressure.
- It is very difficult to quantify the amount of blood loss with epistaxis.
- Bleeding may also be occurring posteriorly. Evaluate for posterior blood loss by examining the posterior pharynx.
- Anticoagulants include warfarin (Coumadin), Apixaban (Eliquis), heparin, enoxaparin (Lovenox), dabigatran (Pradaxa), rivaroxaban (Xarelto), and many over the counter headache relief powders.
- Anti-platelet agents like aspirin, clopidogrel (Plavix), aspirin/ dipyridamole (Aggrenox), and ticlopidine (Ticlid) can contribute to bleeding.