

RED FLAGS

- Malignant Hypertension
- Patients on anticoagulants / clotting disorders:
 - Difficult to stop bleeding
 - Most likely to be posterior bleeds
- Patients who continue to bleed despite packing
- ENT Surgery / Trauma patients:
 - Anatomy may have changed

ABCDE ASSESSMENT

MANAGEMENT

- Oxygen if Hypoxic
- Fluid resuscitation if Hypovolemic

INVESTIGATE / MONITOR

- Full set observations
- IV Access
- Bloods FBC / U&E / Clotting / Group and Save

ANY ADVERSE FEATURES

- Shock
- Large blood loss
- Airway obstruction (clot)

YES

CALL FOR HELP
GET CRASH TROLLEY

NO

STEP 1

-TRY FOLLOWING OPTIONS-

Sit Forward + Hold Nose

-soft part below nasal bone-

Consider Antiemetic / Analgesia

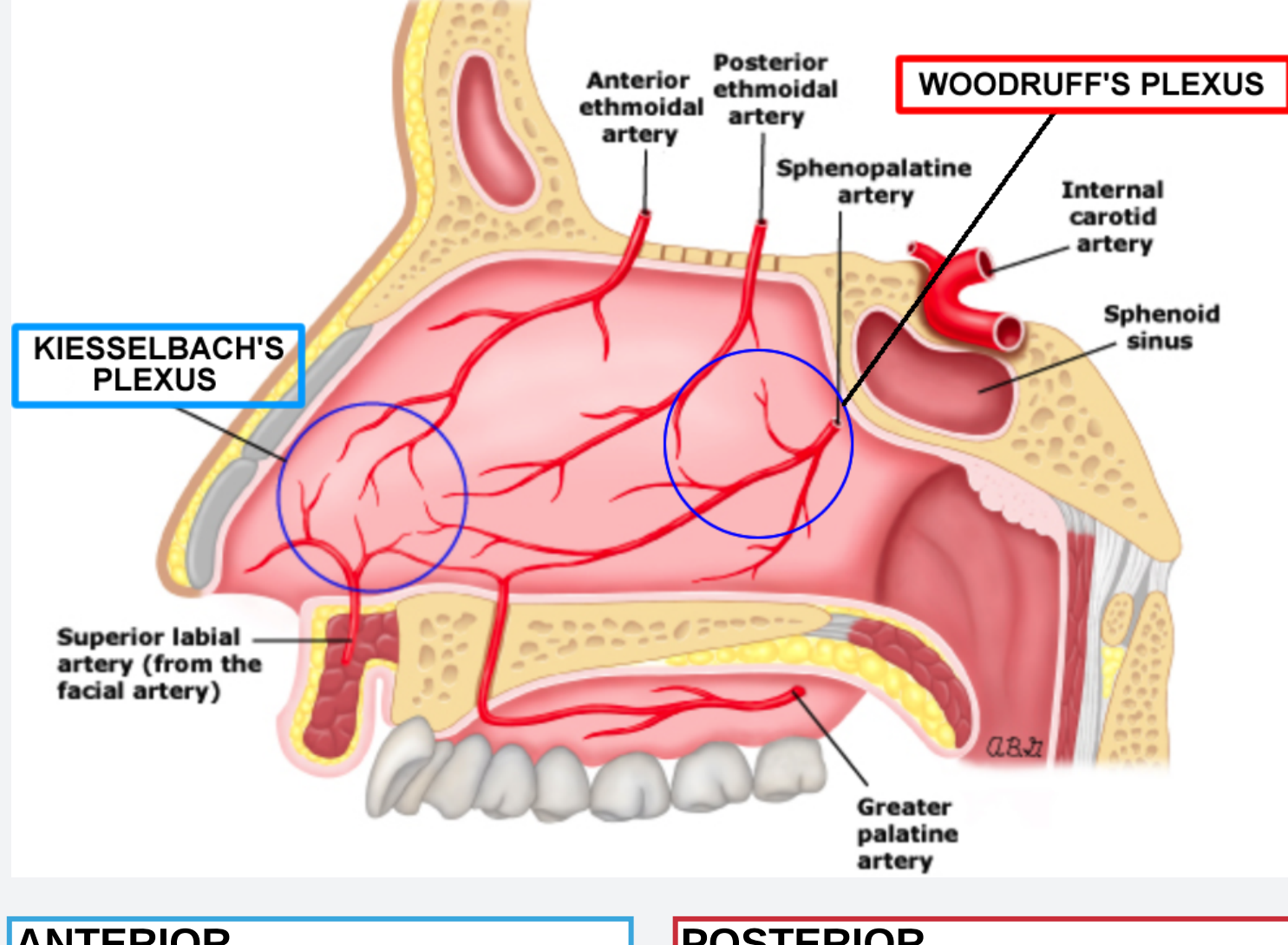
-swallowing blood can be nauseating-

- Spit out clots
- Suctioning mouth may help:
 - Avoid suctioning nose as may dislodge clots that are tamponading bleeding vessels

BLEEDING PERSISTS

STEP 2

-DETERMINE SOURCE OF BLEEDING-



ANTERIOR

- Kiesselbach's Plexus
 - 'Little's area'
- Blood should not come out through mouth if leaning forward

POSTERIOR

- Woodruff's Plexus
- Unable to visualise
- Blood will drip into oropharynx and spat out

STEP 3

-CAUTERY / PACKING-

ANTERIOR BLEED

POSTERIOR BLEED

Utilise nasal forceps and headlight to locate bleeding vessel

COTTON WOOL DIPPED IN CO-PHENYLCAINE

Press against bleeding vessel

Co-phenylcaine will anaesthetise area and vasoconstrict other vessels to clearly depict the bleeding vessel

CAUTERY

SILVER NITRATE STICK

Press on bleeding vessel

CALL SENIOR

BLEEDING PERSIST

CALL SENIOR

ANTERIOR PACKING

POSTERIOR PACKING

Balloon: Rapid Rhinos
-OR-
Sponge/Tampon: Merocel packs

Epistaxis Tamponing Balloon
-OR-
Size 10-14 French Foley Catheter

- Balloon:
- Soak the pack for 10 seconds in sterile water
 - Push it along floor of nose and septum until full length of pack inserted
 - Inflate balloon with air 10ml syringe
 - Inflate as much as the patient can tolerate to get the best tamponade

- Sponge/Tampon:
- Push it along floor of nose and septum until full length of pack inserted
 - Will expand upon contact with blood
 - Can infuse with saline once in position to assist expansion if needed

ENT INPUT ADVISED

BLEEDING PERSIST

YES

NO

Packed patient will need to stay in hospital for 24-48 hours monitoring and have packs removed

POST EPISTAXIS MANAGEMENT

Post-Cautery / Packing:

- Vaseline or nasal antiseptic cream (Naseptin) TDS for 14/7 to keep mucosa moist and healthy

General advice:

- Avoid dry environments
- Avoid trauma (i.e. picking nose)
- Use vaseline on septum if Sneezing / URTI
- Monitor and manage Hypertension
- If on Warfarin - monitor and manage INR