

10. Epistaxis Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

Wear PPE-

ASK THE PATIENT TO BLOW THEIR NOSE TO REMOVE ANY CLOTS & SPRAY THE NARES WITH OXYMETAZOLINE SPRAY

Have the patient squeeze the distal alae while sitting up, bent forward at the waist over a vomit bucket, and expectorating blood for 15mins. **USE A WATCH!!** Ask the patient **NOT** to swallow any blood. A **clamping device** constructed of four tongue blades secured together by 1-inch tape over the distal alae can be used to clamp the nose closed.



- Monitor, support ABCs
- Check vital signs (BP, PR, RR, SPO₂, T° C)
- Perform brief, targeted history, physical exam
 - Nasal trauma from nose picking/blowing is the most common cause of epistaxis.
 - Hypertension **DOES NOT** cause epistaxis but may prolong it. Therapy should focus on control of the haemorrhage rather than reduction of the blood pressure. **DO NOT PRESCRIBE ANTI-HYPERTENSIVE THERAPY FOR EPISTAXIS.**
- **DO NOT order lab investigations routinely**
- For patients with severe or recurrent haemorrhage with a lot of clots, throwing up blood, or with unstable vital signs or underlying medical conditions, a FBC should be performed, as well as a type and screen.

