

# Epistaxis Management Guideline

## FIRST AID AND RESUSCITATION

Sit patient forward, head down, pinch anterior nose  
Calm and reassure the patient  
IV access / FBC / UE +/- Coags / INR / GH / XM  
Analgesia / anxiolytics as indicated  
Reassess after 10-15 mins of compression

## VASOCONSTRICT

Soak 2 cotton balls in 1:10,000 Adrenaline solution  
(mix 1mL 1:1000 Adrenaline with 9 mL N/S) and  
insert into anterior nose  
Correct coagulopathy / severe HTN  
Remove cotton and reassess after 10-15 mins

## BLEEDING CONTINUES

### PACK THE NOSE

Co-phenylcaine forte spray then insert Merocel or Rapid Rhino  
First lubricate pack  
Merocel: coat with lubricating jelly  
Rapid Rhino: soak in water for 30 sec  
Insert posteriorly in 20-30° downwards direction  
Expand pack  
Merocel: apply 3-4 sprays of Co-phenylcaine forte to outer end  
Rapid Rhino: inflate balloon with 5-10 mL air (until pilot cuff firm)  
Secure (tape strings to face)

### PACK POSTERIORLY

Call ENT Registrar for assistance  
Remove packs  
Remove clots  
Insert Foley catheter (12-16F)  
Use direct vision with headlight  
Visualize tip of catheter in oropharynx and insert 5-7mL NS into balloon  
Withdraw catheter until lodges in posterior choana  
Secure: wrap sleek around catheter  
Pack anteriorly with Jelonet or lubricated ribbon gauze

### PACK OTHER SIDE

Add another 3mL to Foley catheter balloon  
Insert large Merocel in other side  
Send to Theatre

## BLEEDING CEASES

### DISCHARGE

Observe in ED 1-2 hours  
Discharge home if  
Bleeding not recurred  
Haemodynamically stable  
Hb stable  
No other medical or social contra-indications  
Anticoagulant / antiplatelet advice  
Consider stopping or reducing anticoagulant, depending on indication for therapy.  
Discuss with senior or appropriate Specialist.  
GP follow-up

### DISCHARGE WITH PACK

Observe in ED 1-2 hours  
Discharge home with pack in-situ if  
Bleeding not recurred  
Haemodynamically stable  
Hb stable  
No other medical or social contra-indications  
Apply bolster and warn that it will become blood-stained  
Anticoagulant / antiplatelet advice  
Consider stopping or reducing anticoagulant, depending on indication for therapy.  
Discuss with senior or appropriate Specialist.  
ENT clinic next day for removal of pack (notify ENT)  
Consider oral antibiotics

### ADMIT UNDER ENT

Consider ward / NOSA bed  
Ongoing close observation

**Reviewed by**

**Reviewer:** Leanne Hartnet

**Mentor:** Tor Erclave

**Specialties / subspecialties:** Peter Friedland (ENT)

**Date of Peer Review (CME Guideline meeting):** 24/06/2009

**Date of design:** 01/05/2009

**Date of implementation:** 11/02/2010

**Date for review:** 11/02/2013