SCGH ED Epistaxis Guideline - COVID update 2020

First aid: Sit patient up, head forward, constant pressure nasal alae for 10-15 mins, emesis bag under nose. Ice to forehead/ neck & reassure patient

Vasoconstriction / Anaesthesia: use cotton balls / gauze soaked in co-phenylcaine OR 1:10 000 adrenaline OR Xylocaine 1% with 1:10 0000 adrenaline packed into anterior nose.

- **NO AEROSOL SPRAYING INTO NASAL CAVITY**

RESUSCITATION

(haemodynamically unstable patient)

ABCD, Senior ED staff. IV cannulae, correct hypotension/severe HTN

IV tranexamic acid 1 g unless contraindicated

FBC/U&E/Coags/INR/X Match

Rhinoscopy & oral examination to assess and determine if anterior or posterior bleed

Anterior Bleed:

Vasoconstriction.

Cauterize bleeding point if visible with silver nitrate sticks.

Nasal packing: Nasopore (preference) OR
Surgicel fibrillar dressing OR
Merocel / RapidRhino.

Secure pack.

Posterior or Ongoing Bleed:

Seek assistance early, remove packs and clots.

Insert posterior dual cuff RapidRhino, inflate posterior cuff (green stripe) first.

Ongoing bleeding: remove RapidRhino and insert Foley catheter (12-16F) under direct visualisation. Once Foley secured pack anteriorly with RapidRhino single cuff.

Secure packs & d/w ENT.

Epistaxis continues:

Posterior bleed pathway

Senior review

Epistaxis controlled:

Observe in ED for for 1-2hrs. Haemodynamically stable, no further bleeding . Apply bolster & warn that it may become blood-stained.

Epistaxis advice sheet

If on anticoagulation / antiplatelets consider risks / benefits of cessation

Patients with Nasopore/surgicel fibrillar dressing + kenacomb ointment packing

Avoid hot drinks, blowing nose, strenous exercise, leave alone for 48hrs.

After 2 days start nasal flushes with FESS saline spray to biodegrade pack.

No need to return to ED to remove pack

Patients with Merocel / RapidRhinos

Antibiotic cover (augmentin/cephalexin) as prophylaxis against sinusitis / sepsis

Return to ED within 24-48hrs to have pack removed

Further bleeds on removal require ENT

Other Considerations:

- Wear PPE including eye protection/good light source/use nasal speculum
- Patient attempt to expel retained clots to facilitate examination / haemostasis
- Consider cannulation / bloods
- Analgesia & anti-anxiolytics (e.g. midazolam, lorazepam) will help improve agitation and cooperation
- Consider nasal decongestants e.g. Otrivine for 5/7 post epistaxis
- Consider long term lubricants (e.g. saline or Nozoil™)
- Consider Tranexamic acid 1 g (topical/IV)

Red flags:

Prolonged contact with silver nitrate on the nasal septum or bilateral cautery of the nasal septum may lead to a septal perforation.

If packing is left in place for too long, complications occur including toxic shock syndrome, sinusitis & pressure necrosis

Consider other significant / rare pathologies requiring ENT review:

Hereditary haemorrhagic telangiectasia - 95% of those patients experience epistaxis

Recurrent unilateral epistaxis may be suggestive of neoplasm.

Recurrent epistaxis in adolescents - consider juvenile nasopharyngeal angiofibroma.