

Epistaxis

For any bleeding from the nares

History

- Age
- Past medical history (hemophilia, Von Willebrand)
- Medications (HTN, anticoagulants, aspirin, NSAIDs)
- Previous episodes of epistaxis
- Trauma
- Duration of bleeding
- Quantity of bleeding (mild or severe)

Signs and Symptoms



- Bleeding from nasal passage
- Pain
- Dizziness
- Nausea
- Vomiting

Differential

- Trauma
- Infection (viral URI or Sinusitis)
- Allergic rhinitis
- Lesions
- Epistaxis digitorum
- Aneurysm

E	Control bleeding with direct pressure
	Compress nostrils with direct pressure with head tilted forward in position of comfort
P	Cardiac monitor
	Consider, IV
	Consider, Ondansetron
	If systolic BP < 90 Normal Saline bolus 500ml IV/IO Maximum 2L

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	Notify receiving facility. Consider Base Hospital for medical direction	
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Pearls

- 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.
- Direct pressure is defined as constant, firm pressure for 20 minutes with head positioned forward without reexamining the affected nares(s).
- Anticoagulants include warfarin (Coumadin), apixaban (Eliquis), heparin, enoxaparin (Lovenox), dabigatran (Pradaxa), and rivaroxaban (Xarelto).
- Anti-platelet agents like aspirin and many over-the-counter headache relief powders (i.e., Excedrin Migraine),

