EPISTAXIS MANAGEMENT GUIDELINE

A, B, C Approach – Resuscitate as needed
Safe Environment
First Aid Measures: Compression (Nasal Clip) for 20 minutes
Consider topical tranexamic acid

Oral Ice Pack

Bloods – FBC, Coagulation studies if needed

NOT ACTIVELY BLEEDING?

Contact ENT SHO (Bleep 2069) Consider Nasal Cauterisation if bleeding point present.

ACTIVELY BLEEDING?

Contact ENT SHO (Bleep 2069) Consider Nasal Cauterisation If uncontrolled bleeding – pack nose

NASAL CAUTERISATION method for ENT

Apply vasoconstrictor to nose (i.e. Topical Co-phenylcaine) Use electrocautery to bleeding point (setting 12W) Electrocautery available in ENT OPD & Ward 2B If not available then only use chemical cauterisation. All patients to have nasoendoscopy or rigid endoscopy performed by trained and experienced practitioner.

ANTI-THROMBOTIC THERAPY

Only consider stopping in refractory cases – discuss with haematologist for advice

WARFARIN

Reversal not required in stable patient where the INR is within therapeutic range.

NASAL PACKING

Done by experienced practitioner Rapid Rhino packs preferred as less discomfort Antibiotics are not routinely required while in situ Combined anterior & posterior should be used ENT SHO to be informed if ongoing bleeding If stable patient should be admitted to Ward 2B and pack removal decision to be made by ENT team.

SURGERY & INTERVENTIONAL RADIOLOGY

Consider if uncontrolled epistaxis/bleeding recurs on packing removal

Intervention to be determined by ENT team (registrar or consultant).

References:

- Integrate (National ENT Trainee Research Network). The British Rhinological Society multidisciplinary consensus recommendations on the hospital management of epistaxis. J Laryngol Otol 2017; 131, 1142–1156
- Mcleod RW, Price A, Williams RJ, Smith ME, Smith M, Owens D, Intranasal cautery for the management of adult epistaxis: systematic review. J Laryngol Otol. 2017;131,1056-1064.