

EPISTAXIS

REFERRAL GUIDELINE

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HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Persistent, acute epistaxis for 30-60+ minutes without slowing despite below-listed conservative measures (Afrin, pressure, etc.)

Concern for large intra-nasal mass as source of bleeding, visible on nasal exam.

Concerning accompanying symptoms: nasal obstruction, cranial nerve deficits, anosmia, and/or foul smell in the nose

SUGGESTED PREVISIT WORKUP

Initial conservative measures for acute epistaxis:

Spray copious amounts of topical over-the-counter vasoconstrictive agent in both nares: phenylephrine, oxymetazoline (a.k.a Afrin)

Apply continuous pressure to the septum by pinching the nose tightly, occluding both nostrils, and hold for 15-20 minutes “without peeking”. Repeat for 20 more minutes if bleeding has not stopped

Lean head forward to avoid swallowing blood

Control hypertension, stop anti-platelet therapy if medically cleared.

Order INR if on warfarin

Address coagulopathy if indicated and possible

If above measures x2 do not stop the bleeding, or bleeding is arterial despite pinching nostrils, patient should go to the ER where ENT consultation will be considered.

If suspect or visualize nasal mass, place Emergent/Urgent ENT consult for clinic evaluation

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Recurrent unilateral or bilateral epistaxis in adolescent males with no risk factors for bleeding.

Obvious, superficial capillary or vessel on anterior nasal septum visualized on nasal exam

Intermittent self-resolving epistaxis in patients with known risk factors (poorly controlled HTN, anti-platelet therapy, nightly or continuous nasal canula or CPAP, renal or liver failure, leukemia

Intermittent epistaxis increasing in frequency and severity (multiple episodes a week, a day, etc., interfering with school/work)

SUGGESTED WORKUP

Stop all herbal medications (see Clinical Pearls), aspirin (if indicated), and ibuprofen

Check for and control hypertension

Consider labs to rule out bleeding disorders in otherwise healthy patients with increasingly frequent epistaxis refractory to nasal hygiene attempts

Attempt and instruct patient in listed conservative measures for acute epistaxis (See High Risk)

Instruct patient in nasal hygiene: night humidifier, gentle saline spray in the nose (sprayed away from the septum), Vaseline or saline-based gel in the nose every night, avoid trauma (digital, nose blowing). Do not place tissues in the nose, causes trauma when removed

Routine ENT consult, consider Urgent if worsening symptoms

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Intermittent episodes of epistaxis lasting ~15 or less minutes, well controlled by conservative measures (see High Risk) or which stop spontaneously, in patients without risk factors

Self-limited, intermittent epistaxis in the winter months

Young children with known habit of nasal digital trauma

SUGGESTED MANAGEMENT

Measures listed in Moderate Risk, including instruction in nasal hygiene

For acute epistaxis, utilize conservative measures described in High Risk, stenting with digital pressure

If frequency increases, consider routine ENT consult for evaluation

CLINICAL PEARLS

- 90% of nosebleeds are from the anterior nasal septum (known as Kiesselbach’s Plexus)
- Herbal supplement such as garlic, ginko, and ginseng all have anti-platelet properties
- Trauma (e.g. nose picking and vigorous nose blowing) and mucosal dehydration (e.g. winter, dry climate) are the most common causes of anterior epistaxis
- HTN, aspirin (and other platelet inhibiting medications), and alcohol abuse are the most common causes of posterior epistaxis
- Deviated septum may result in epistaxis secondary to the drying effects of turbulent airflow
- Epistaxis worsens in the winter months due to dry heat and increased nose blowing
- Juvenile Nasopharyngeal Angiofibroma (JNA) is a very rare vascular mass in the nose, benign, and exclusive to adolescent males, and is diagnosed by nasal endoscopy in the ENT clinic
- During ENT consult, nasal exam will be performed with possible nasal endoscopy, and if superficial source of bleeding noted, silver nitrate cautery can be performed in clinic with topical anesthetic, even in fairly young children

Maine Medical
P A R T N E R S

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