

SECTION: M-16

PROTOCOL TITLE: Epistaxis

REVISED: November 1, 2018

GENERAL COMMENTS: *This protocol is for non-traumatic, non-surgical epistaxis in the hemodynamically stable patient without other more concerning symptomology such as airway issues, stroke, shock, or hypertensive urgency/crisis.*

BLS SPECIFIC CARE: *See Adult General Medical Care Protocol M-01*

- Assess for other concerns and life threats
- Obtain full vitals
- Evacuate both nostrils or any poorly formed clots by blowing nose vigorously
- Place in head/tilt forward position to decrease bleeding in the airway.
- Apply nasal clamp
- Observe for 10 minutes, Obtain a second set of vitals. Document absence of adverse effects or airway compromise

AEMT/OM CARE: *See Adult General Medical Care Protocol M-01*

- Consider administration of Neo-Syneprine (age > 5 years)
 - Administer 1 spray *each* nostril
 - Apply Neo-Syneprine liberally to a gauze “Twist” and place up saturated gauze in each nostril
 - Hold for :
 - Systolic BP > 180 mmHg
 - Diastolic BP 110 mmHg
 - Pulse > 120/min
 - Altered LOC
 - Abnormal stroke assessment
 - Suspected foreign body/object insertion
 - Facial/Nasal trauma
 - Recent facial, sinus, or brain surgery (<14 days)
 - Presence of *active* Acute Coronary Syndrome (ACS) symptoms
 - Ulcers, burns, and cancer to the face/sinuses/upper airway
- Observe for 10 minutes, Obtain a second set of vitals. Document absence of adverse effects or airway compromise
- If Neo-Syneprine is used, complete *treat and release* process. See Epistaxis Treat and Release form (*Appendix 31*)

ALS SPECIFIC CARE: *See Adult General Medical Care Protocol M-01*

Protocol M-16

Epistaxis

Physician PEARLS

- Most nose bleeding is from an *anterior* source and may be easily controlled. **Posterior** epistaxis is a true emergency and may require advanced ED techniques such as balloon tamponade or interventional radiology.
 - Evaluate for posterior blood loss by examining the posterior pharynx for active bleeding.
 - Do not delay transport.
 - Be prepared for potential airway issues.
- **Hypertensive urgency/crisis** symptoms include visual disturbances, head ache, photosensitivity, altered LOC, in the setting of hypertension (SBP > 200 and DBP > 120)
- Patients using nasal cannula oxygen may have cannula placed in mouth while nares are clamped or compressed for nosebleed
- Administration of Neo-Synephrine *alone* does not require EKG monitoring, although other symptoms and presentations may.
- Recommended minimum documented exam:
 - Mental Status,
 - HEENT,
 - Lungs,
 - Neuro / Stroke exam
- Compress nostrils with clamp or fingers, pinching over fleshy part of nose, not bony nasal bridge.
- Anticoagulants and Anti-platelet aggregation agents may contribute to bleeding, and may require longer observation.
 - Anticoagulants include warfarin (Coumadin), apixaban (Eliquis), heparin, enoxaparin (Lovenox), dabigatran (Pradaxa), rivaroxaban (Xarelto).
 - Anti-platelet agents like aspirin, clopidogrel (Plavix), aspirin/dipyridamole (Aggrenox), and ticlopidine (Ticlid)