Clinical Management Summary

EDcare : Handbook for Emergency Practice

Available from the Amazon Kindle Bookstore

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Epistaxis

Primary Survey
Airway and Circulation

Remember to apply PPE
(gown, glove, face-shield)

Assess Airway : If airway is threatened

- Position patient
- Use Suction
- Correct hypoxia
- Notify GPA and Prepare for RSI

In patient with significant +/- continuing Bleeding

- Obtain IV access and commence Fluid Resuscitation
- Bloods : Haemoglobin, Coagulation, Group and Match
- Administer Tranexamic Acid (1g in 100ml 0.9%NS over 10 mins then 1g in 50ml 0.9%NS over 8 hours)

Contributing factors

Assess history for

Anticoagulants

Trauma

Bleeding disorders

Patient with Severe Bleeding on Warfarin

Give Vitamin K_1 5 - 10 mg IV *and* Prothrombinex-VF 35 - 50 IU/kg IV according to Initial and Target INR (table below)

	Initial INR			
Target INR	**1.5 - 2.5**	**2.6 - 3.5**	**3.6 - 10**	**> 10**
0.9 – 1.3	**30 IU/kg**	**35 IU/kg**	**50 IU/kg**	**50 IU/kg**
1.4 - 2.20	**15 IU/kg**	**25 IU/kg**	**30 IU/kg**	**40 IU/kg**

If Prothrombinex-VF unavailable administer FFP 15 ml/kg

Stepped approach to Managing Epistaxis

1. Pinch anterior nares for at least 15 minutes
2. Consider using Tranexaminc acid 5mg/kg diluted to 2 - 5 ml and administered using a mucosal atomiser device (as used for intranasal sedation) followed by pinching nose for 15 minutes
3. Remove post nasal clot* and then apply Co-phenylcaine forte. If bleeding controlled identify bleeding site + cauterise with silver nitrate.
4. If bleeding continues : Insert Rapid Rhino after lubricating it with sterile water for 30 seconds. Use a syringe to inflate cuff with air. Use safety balloon to avoid overinflation. Tape pilot cuff to nose/cheek to prevent aspiration.
5. Leave Rapid Rhino in for 12 - 24 hours. A low-risk patient may be discharged and reviewed next day.

High Risk patients and those on anticoagulants should be admitted /observed.

*** Post-nasal clot should always be removed as it prevents clotting and will contribute to continued or rebleeding.**

If bleeding recurs or is remains difficult to control options include

Placement of a *Second Rapid Rhino* in the other nostril → Mandates hospital admission.

Placement of a *Rapid Rhino with a posterior balloon* → Mandates hospital admission.

Reference : ABCDS of Emergency Medicine, Stuart P, Bament J, LearnEM, Adelaide 2017