Protocol
M-16

SECTION: M-16

PROTOCOL TITLE: Epistaxis

REVISED: December 01, 2022

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-Synephrine (age > 5 years)
    - Administer 1 spray *each* nostril
    - Apply Neo-Synephrine liberally to a gauze "Twist" and place up saturated gauze in each nare
    - 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-Synephrine is used, complete *treat and release* process. See Epistaxis Treat and Release form (*Appendix 31*)

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

Consider Tranexamic acid (TXA)

- **Adults:**
  - IN: 250-500 mg each Nare Atomized
- **Pediatrics**
  - IN:10 mg/kg each Nare Atomized

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) . These patients should be transported when possible.
- Patients using nasal cannula oxygen may have cannula placed in mouth while nares are clamped or compressed for nosebleed
- Administration of Neo synephrine or TXA *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 can 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)