Epistaxis

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Summary Writer: E abe Ca be

Editor: B ce Wa

Interviewee: Za a Wa

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- Try to determine whether it s an anterior or posterior bleed – is blood coming from the front of the nose, or going down the back of the throat? Is the blood coming from a particular nostril?
- What has the patient done to try and stop the bleeding?
- The correct technique to attempt to stop a nosebleed manually is to rmly squeeze the soft part of the nose (not the bony bridge), for at least 10 minutes
- If the patient has done this and the bleeding stopped, this suggests an anterior bleed
- Has she had nosebleeds before? Nasal surgery? Hypertension?
- On any blood thinners (aspirin, NOACs, warfarin)? Always ask about shoil
- Has she had any interventions before to try and stop nosebleeds, or any trauma to the nose?

- **Examination**

  - Preparation: protect yourself with eye protection, a mask, and gloves. Position the patient with good lighting – most EDs have a head-light you can use.
  - Spray co-phenylcaine (lidocaine and phenylephrine) twice into each nostril before looking – note, this cannot be used in pregnancy
  - Drixine is also helpful, and can be applied with a cotton bud by the patient whilst squeezing the nose
  - Have a tongue depressor, nasal speculum, and suction ready to use
  - Sit the patient upright, at an appropriate height that you can see up the nose
  - Examine the throat – look for clots at the back of the throat
  - Examine the nose for a source of bleeding with the nasal speculum

3. What are some of the underlying causes of epistaxis?

- Hypertension
- Anticoagulants
- Post-surgical: sinus or turbinate surgeries
- Previous trauma (could cause anatomical predisposition to bleed)
- Rarer conditions such as Wegener s Granulomatosis, telangiectasia

4. What are some anatomical features to be aware of?

- Anterior and posterior bleeds

  - 90% of the nosebleeds you see will be anterior, and most come from Little s Area