



First aid:
Compress the whole soft part of the nose for **10 minutes**

Personal protective equipment PPE:
Gloves, gown, glasses, mask

Epistaxis equipment:
Headlight
Thudicum speculum
Fraser ENT suction
Cophenylcaine
Packing forceps
Ribbon gauze or cotton wool
Silver nitrate
Rapid rhino epistaxis balloon pack
Merocel 8-10cm pack
Syringe
Saline
Scissors
Kidney dishes or bowl
Tissues
Tongue depressor

Position:
Patient sits upright at 90° over edge of bed facing examiner, holding kidney dish/bowl

Pharmacy:
Cophenylcaine (lignocaine and phenylephrine)
Tranexamic acid

For elderly patients with recurrent bleeding on anticoagulation or antiplatelet consider topical vasoconstrictor spray 2 sprays each nostril 8 hourly for 48 hours after a bleed (oxymetazoline or Xylometazoline)

See Clancy ENT channel on You Tube for videos on how to use ointment in the nose (Nasalate) and first aid for epistaxis

Foley catheters for severe epistaxis: A rapid rhino with an anterior and posterior balloon is safer for the patient and easier to insert. If you do need to use a Foley catheter: insert into the nasal cavity, look into the mouth to see the tip in the oropharynx, insert the balloon with 2-4ml of air then pull it forward to impact the balloon in the nasopharynx. Then pack both sides of the nose and secure the catheter with an umbilical clamp anterior to the pack. Risks include laryngeal airway obstruction and death, if catheter is not secured at the nostril and pressure necrosis of the nostril if umbilical clamp not padded at nostril