Acute epistaxis Assess and resuscitate, IV, bloods PPE and assemble equipment Hands free light and Suction Cophenylcaine spray (vasoconstriction & topical Try to identify bleeding vessel Anterior vessel identified with slow Anterior vessel with profuse bleeding or unable to identify vessel or no bleeding Cauterise with silver nitrate Insert ribbon gauze or cotton wool soaked nasal compression Bleed ceased Consider tranexamic acid Teach patient first aid Nasalate qid After 10 minutes remove and reassess 7 days No sport, nose blowing 48 hours no fingers tissues or cotton Profuse bleeding unable to identify vessel or still bleeding after cautery Advice for recurrent bleed Insert Rapid Rhino and inflate balloon Bleed ceased Insert Merocel and soak with saline Decide on length of observation or admission depending on severity And examine oropharynx to identify of bleed, ongoing post nasal bleeding Rest in bed 45 degrees head up Decide when to plan to remove Bleeding through pack or other nostril or pack, up to 48 hours into pharynx: pack contralateral nostril, reversal anticoagulation, contact surgical Advise what action to take if registrar to arrange admission or transfer bleeding recurs for ENT endoscopic management in theatre

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 to 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

First aid:

Compress the whole soft part of the nose for **10**

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