P230 LFD PROCEDURE PROTOCOL: EPISTAXIS MANAGEMENT

EMT	AEMT
EMT-I	Paramedic

Active nosebleed

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ABCs

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- Tilt head forward
- Have patient blow nose to expel clots

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- Spray nares with phenylephrine
- Compress nostrils with clamp or fingers, pinching over fleshy part of nose, not bony nasal bridge
- Transport in position of comfort, usually sitting upright

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IV access and IV fluid bolus if signs of hypoperfusion, shock

General Guidelines:

- Most nose bleeding is from an anterior source and may be easily controlled
- Avoid phenylephrine in pts with known CAD
- Anticoagulation with aspirin, clopidogrel (Plavix), warfarin (Coumadin) will make epistaxis much harder to control. Note if your patient is taking these or other anticoagulant medications
- Posterior epistaxis is a true emergency and may require advanced ED techniques such as balloon tamponade or interventional radiology. Do not delay transport. Be prepared for potential airway issues.
- Patients using nasal cannula oxygen may have cannula placed in mouth while nares are clamped or compressed for nosebleed