

DEFINITION

- Bleeding from 1 or both nostrils
- Not due to a traumatic injury
- Includes follow-up calls about nasal packing placed by health care providers to control bleeding

TRIAGE ASSESSMENT QUESTIONS

Call EMS 911 Now

- Fainted (passed out), or too weak to stand following large blood loss
R/O: impending shock FIRST AID: lie down with feet elevated
- Sounds like a life-threatening emergency to the triager

See More Appropriate Protocol

- Nosebleed followed nose injury
Go to Protocol: Nose Injury (Adult)

Go to ED/UCC Now (or to Office with PCP Approval)

- Bleeding present > 30 minutes and using correct method of direct pressure
R/O: posterior nosebleed, coagulopathy
- Bleeding now and second call after being instructed in correct technique of direct pressure
R/O: posterior nosebleed, coagulopathy
- Lightheadedness or dizziness
R/O: excessive blood loss
- Pale skin (pallor) of new onset or worsening
R/O: excessive blood loss
- Has nasal packing (inserted by health care provider to control bleeding) and now has new rash
R/O: Toxic Shock Syndrome
- Has nasal packing and now has bleeding around the packing (Exception: few drops or ooze)
Reason: may need to be re-packed or have nasal cautery
- Patient sounds very sick or weak to the triager
Reason: severe acute illness or serious complication suspected

Go to Office Now

- Large amount of blood has been lost (e.g., one cup)
R/O: anemia

See Today in Office

- Bleeding recurs 3 or more times in 24 hours despite direct pressure
- Taking Coumadin (warfarin) or other strong blood thinner, or known bleeding disorder (e.g., thrombocytopenia)

Reason: higher risk of serious bleeding; may need testing of INR, ProTime, or platelet count. Notes: Besides Coumadin, other strong blood thinners include Arixtra (fondaparinux), Eliquis (apixaban), Pradaxa (dabigatran), and Xarelto (rivaroxaban).
- Has skin bruises or bleeding gums that are not caused by an injury

R/O: bleeding disorder
- Has nasal packing and now has fever > 100.4° F (38.0° C)

R/O: sinusitis
- Patient wants to be seen

See Within 3 Days in Office

- Has nasal packing (inserted by health care provider to control bleeding)

Reason: nasal packing needs removal 2-3 days after placement

See Within 2 Weeks in Office

- Hard-to-stop nosebleeds are a chronic symptom (recurrent or ongoing AND lasting > 4 weeks)

R/O: bleeding disorder
- Easy bleeding present in other family members

Home Care

- Mild-moderate nosebleed and bleeding has stopped now
- Bleeding present < 30 minutes and using correct method of direct pressure
- Nosebleed and needs instruction in correct technique of applying direct pressure

HOME CARE ADVICE FOR MILD NOSEBLEED

1. **Reassurance and Education:**
 - Nosebleeds are common.
 - It sounds like a routine nosebleed that we can treat at home.
 - You should be able to stop the bleeding if you use the **correct technique**.
 - Remember to **Sit up and lean forward** to keep the blood from running down the back of your throat.
2. **Treating a Nosebleed - Pinch the Nostrils:**
 - First blow the nose to clear out any large clots.
 - Sit up and lean forward (Reason: blood makes people choke if they lean backwards).
 - Gently squeeze the soft parts of the lower nose (nostrils) together. Use your thumb and your index finger in a pinching manner. Do this for 15 minutes. Use a clock or watch to measure the time. Your goal is to apply continuous pressure to the bleeding point.
 - If the bleeding does not stop after 15 minutes of squeezing, move your point of pressure and

do this again for another 15 minutes.

3. **Treating a Nosebleed - Inserting a Gauze with Decongestant Nose Drops:**
 - If applying pressure fails, insert a gauze wet with decongestant nose drops (or petroleum jelly). (Reason: the gauze helps to apply pressure and the nose drops shrink the blood vessels)
 - Then repeat the process of gently squeezing the lower nose for 10 minutes.
 - *Example decongestant medication:* Afrin (oxymetazoline) nasal spray is available over-the-counter and is a nasal decongestant.
4. **Caution - Nasal Decongestants:**
 - Do not take these medications if you have high blood pressure, heart disease, prostate problems, or an overactive thyroid.
 - Do not take these medications if you are pregnant.
 - Do not take these medications if you have used a MAO inhibitor such as isocarboxazid (Marplan), phenelzine (Nardil), rasagiline (Azilect), selegiline (Eldepryl, Emsam), or tranylcypromine (Parnate) in the past 2 weeks. Life-threatening side effects can occur.
 - Do not use these medications for more than 3 days (Reason: rebound nasal congestion).
5. **Prevention:**
 - Dry air in your house or workplace can increase the chance of nosebleeds occurring. If the air is dry, use a humidifier in your bedroom to keep the nose from drying out. You can also apply petroleum jelly to the center wall (septum) inside the nose twice daily to reduce cracking and to promote healing.
 - Bleeding can start again if you rub your nose or blow the nose too hard. Avoid touching your nose and nose picking. Avoid blowing the nose.
 - Do not take aspirin or other anti-inflammatory medications (e.g., ibuprofen, Advil, Motrin, Aleve), unless you have been instructed to by your physician.
6. **Expected Course:**
 - Over 99% of nosebleeds will stop following 15 minutes of direct pressure if you press on the right spot.
 - After swallowing blood from a nosebleed, you may feel nauseated because the blood can irritate your stomach. You may also later pass a dark stool that contains the blood.
7. **Call Back If:**
 - Nosebleed lasts longer than 30 minutes with using direct pressure
 - Lightheadedness or weakness occurs
 - Nosebleeds become worse
 - You become worse

FIRST AID

FIRST AID Advice for Nosebleed:

- First blow the nose to clear out any large blood clots.
- Placing your thumb and index finger over each side of the soft lower portion of the nose, firmly pinch the nostrils together. Pinch the nostrils together for 10-15 minutes.
- Lean slightly forward; this keeps the blood from trickling down the back of your throat.

BACKGROUND INFORMATION

Key Points

- Most nosebleeds (90%) originate from the anterior nasal septum.
- Most nosebleeds will stop with correctly applied pressure over the bleeding area. The correct method is to squeeze the soft parts of the nose using thumb and index finger, thus applying pressure to the anterior nasal septum. Hold for 10-15 minutes.
- Leading risk factors for nosebleeds include upper respiratory infections (URIs) and nose picking.
- There is a higher incidence of nosebleeds in the 60-80 year old age group. Individuals in this age group often have a couple risk factors for bleeding. A typical adult caller with a nosebleed might be 72, hypertensive and exposed to the dry air of winter.

Risk Factors

- *Environmental*: Environmental factors include temperature and dryness of the air.
- *Local*: Local factors include URI, nasal drug inhalation, nasal tumors, septal deviation, too vigorous nose blowing, and nose picking.
- *Systemic*: Systemic factors include hypertension, arteriosclerosis, and coagulopathies.
- *Medications*: Certain medications can increase bleeding: aspirin, NSAID's (e.g., ibuprofen, naproxen), heparin, coumadin, Plavix (clopidogrel).

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