



# Epistaxis

## History

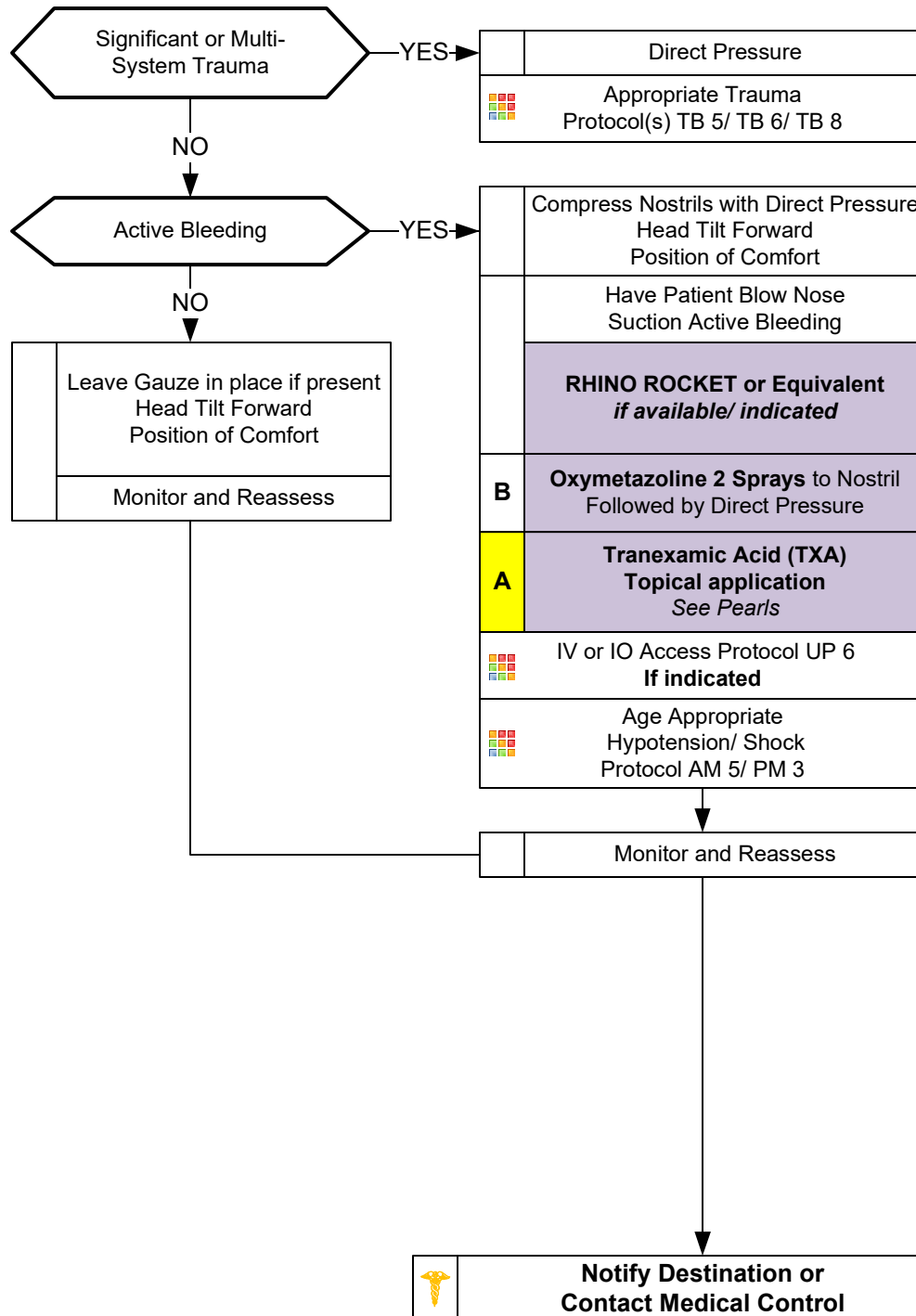
- Age
- Past medical history
- Medications (HTN, anticoagulants, aspirin, NSAIDs)
- Previous episodes of epistaxis
- Trauma
- Duration of bleeding
- Quantity of bleeding

## Signs and Symptoms

- Bleeding from nasal passage
- Pain
- Nausea
- Vomiting

## Differential

- Trauma
- Infection (viral URI or Sinusitis)
- Allergic rhinitis
- Lesions (polyps, ulcers)
- Hypertension



**Age Specific Blood Pressure indicating possible shock**

Age 0 – 28 days: SBP < 60  
 Ages ≥ 1 month: SBP < 70  
 Age 1 – 9: SBP < 70 + (2x Age)

Ages 10 – 64: SBP < 90  
 Ages ≥ 65: SBP < 110

All ages Shock Index:  
 HR > SBP

**A** May soak RHINO ROCKET in TXA prior to insertion

**\*\* Reserve hemostatic devices for severe bleeds not stopped by traditional means \*\***



# Epistaxis

## Pearls

### **Procedure:**

- Apply 10 ml of a 1 g/10 ml Tranexamic acid (TXA) solution to a gauze pad
- Insert tranexamic acid-soaked gauze into nasal cavity
- Gauze may be removed after 20 minutes, and bleeding has stopped.
- **Recommended Exam: Mental Status, HEENT, Heart, Lungs, Neuro**
- **Tranexamic acid (TXA) Use in Epistaxis:**
  - May be used topically or nebulizer
  - No clear evidence that Tranexamic acid (TXA) provides benefit over conventional vasoconstrictors and sustained direct pressure.
- It is very difficult to quantify the amount of blood loss with epistaxis.
- Bleeding may also be occurring posteriorly. Evaluate for posterior blood loss by examining the posterior pharynx.
- Anticoagulants include warfarin (Coumadin), Apixaban (Eliquis), heparin, enoxaparin (Lovenox), dabigatran (Pradaxa), rivaroxaban (Xarelto), and many over the counter headache relief powders.
- Anti-platelet agents like aspirin, clopidogrel (Plavix), aspirin/ dipyridamole (Aggrenox), and ticlopidine (Ticlid) can contribute to bleeding.