

# Adult Epistaxis Management

Dundee Protocol Jan 2012 v1.3

## KEY

- .....➤ Bleeding Abated
- Bleeding Continues

## Step 1 - Assessment / Resuscitation (ABC's)

- Protect Airway - Sit Up and Forwards, Clear Blood.
- Obtain i.v. Access, send bloods.
- Consider Fluid Resuscitation - initially Saline i.v.i.
- Consider blood transfusion if  $Hb < 7-9 \text{ g}\cdot\text{dl}^{-1}$ , based on Symptoms, PMH of IHD.
- If packed and controlled, proceed to "Packed Epistaxis", if bleeding, remove pack.
- In torrential bleeding, proceed directly to Steps 4 & 5.

**Adjunctive Therapies**  
Topical Antibiotic for 7 days

**During Active Bleeding**  
Sucking Ice Cubes  
Bed Rest, Head Elevation

## Step 2 - Preparation / Examination

- Apply Topical Vasoconstrictor & Local Anaesthetic by Spray or Pack.
- Control Bleeding - Anterior Compression, discontinue if this leads to Post Nasal Bleeding.
- Clear Blood - Suction, Nose Blowing, Forceps, or Irrigation.
- Establish & Document Bleeding Site - Anterior Rhinoscopy / Rigid Nasendoscopy.

Bleeding Site Identified

Site Not Seen

## Step 3 - Direct Therapy

- Apply electrocautery or diathermy to the bleeding site.
- Where not available, use Silver Nitrate around, then over the bleeding site.
- In continued minor bleeding, apply local pack or procoagulant dressing.

## Abated Epistaxis

- Observe 2 to 24 hours.
- Discharge.

## Step 4 - Nasal Packs or Dressings

- Insert an anterior nasal pack or dressing, posterior if this fails to achieve control.
- In high risk cases\*, commence an anti-staphylococcal antibiotic.
- In balloon packs, recheck inflation after 30 minutes or in cases of further bleeding.

**\* - High Risk Cases**  
Post nasal packs  
Warfarin / Coagulopathy  
High Cardiac Risk  
 $\text{Haemoglobin} < 9 \text{ g}\cdot\text{dl}^{-1}$

Primary ENT Pack? - Proceed to Packed Epistaxis.  
Repacking - Consider proceeding to Step 5.

## Packed Epistaxis

Pack Removal after 24 hours, 48 in High Risk\* cases.

## Step 5 - Vascular Intervention

- Arrange EUA +/- SPA and / or AEA ligation.
- Embolisation where this fails or is impossible.

## Refractory Epistaxis, consider...

- Further ligations (Bilateral SPA, AEA, External Carotid).
- Angiography +/- Embolisation.
- Coagulopathy Investigation.
- Hypertension Correction.
- Fibrin Sealants, Tranexamic Acid, Decongestants.
- Hot Water Irrigation.
- Prolonged Tamponade.

## Treated Epistaxis

- Observe for 4 to 24 hours.
- Discharge.