

EPISTAXIS

Level II

Skill Level: RN

Definition: The discharge of blood from the nares due to rupture of a blood vessel in the nose (usually the anterior septum), not controlled within 15 minutes of application of compression.

MODERATE

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Subjective: <ul style="list-style-type: none">• "I have a bloody nose."• Obtain a history or anticoagulant use or Aspirin/NSAID intake recently.• Time of onset, duration longer than 15 minutes.• Second episode within a week.	Assessment: <ul style="list-style-type: none">• Potential for anxiety.• Altered intra-nasal skin integrity/Epistaxis.
Objective: <ul style="list-style-type: none">• Mild findings plus:• Recurrent bleeding within an hour.• Bleeding not resolved within 15 minutes.• If trauma, may have obvious nasal deformity.• Not gagging.• B/P normal.	Plan: <ul style="list-style-type: none">• Provide Level I treatment plan plus: At nursing discretion may use any of the below:<ul style="list-style-type: none">• Apply firm pressure for 15 additional minutes.• Afrin one spray to bleeding nostril every 15 minutes x 3 prn (helps vasoconstrict).• Notify practitioner if:<ul style="list-style-type: none">○ Have applied very firm pressure to anterior nose for 15 minutes up to 4x (one hour total) and bleeding persists.○ If suspected nasal fracture.• If recurrent epistaxis, refer to practitioner's next clinic.

Epistaxis - Level II

SEVERE	
Subjective: <ul style="list-style-type: none">• "I have a bloody nose that won't quit."<ul style="list-style-type: none">○ Obtain a history of cause, trauma, anti-coagulant use or Aspirin/NSAID intake recently.○ Time of onset, duration and frequency.	Assessment: <ul style="list-style-type: none">• Alteration in fluid volume: deficit related to blood loss.
Objective: <ul style="list-style-type: none">• Bleeding not resolved within parameters of moderate treatment plan, or• Evidence of massive bleeding, or• Vital signs unstable (hypotension), or• Evidence of bleeding from posterior nasopharynx, or• Diminished LOC, or• Abnormal bleeding disorder, bruising and/or petechiae.	Plan: <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none">• Assess for shock; if present initiate emergency protocol for shock.• If no shock present, continue pressure and notify practitioner for orders.

Nursing Education:

1. Patient may experience nausea and vomiting due to swallowing blood.
2. It's infrequent that a nosebleed will be so severe that transport is needed, but if patient is bleeding, and it is not controllable, consider transport.

Patient Education:

1. Once bleeding has stopped, instruct patient against vigorous blowing of nose or picking at nose, or use of Aspirin for pain.
2. Recontact Health Services if nosebleed recurs within 1 week.
3. May use petroleum based product (e.g. Vaseline) to minimize dry mucous membranes x 1-2 weeks. Drying can worsen nosebleeds.

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APPROVED:

Health Services Manager

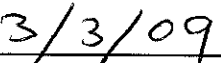
Date

Chief Medical Officer

Date



Medical Director



Date

Effective Date: _____

Revised: February 2009