Milwaukee County Office of Emergency Management-EMS Division (OEM-EMS)

General Medicine
EPISTAXIS
Practice Guideline

Patient Care Goals
1. Control hemorrhage from epistaxis
2. Keep airway free of blood
3. Provide treatment for shock as needed

Patient Presentation
Inclusion Criteria
Epistaxis due to non-trauma etiology
Exclusion Criteria
Traumatic epistaxis due to significant or multi-trauma etiology (refer to Trauma Management PG)

Patient Management
Head tilted forward as tolerated by pt
If unable to sit upright consider lateral position
Apply well-aimed direct pressure by firmly pinching the nose with thumb and index finger; nose clamp may be utilized if available
Maintain pressure for 10-15 mins before 'inspecting'
Suction active uncontrolled bleeding
Blow by oxygen
Manage hypotension per shock PG
Frequent Reassessment

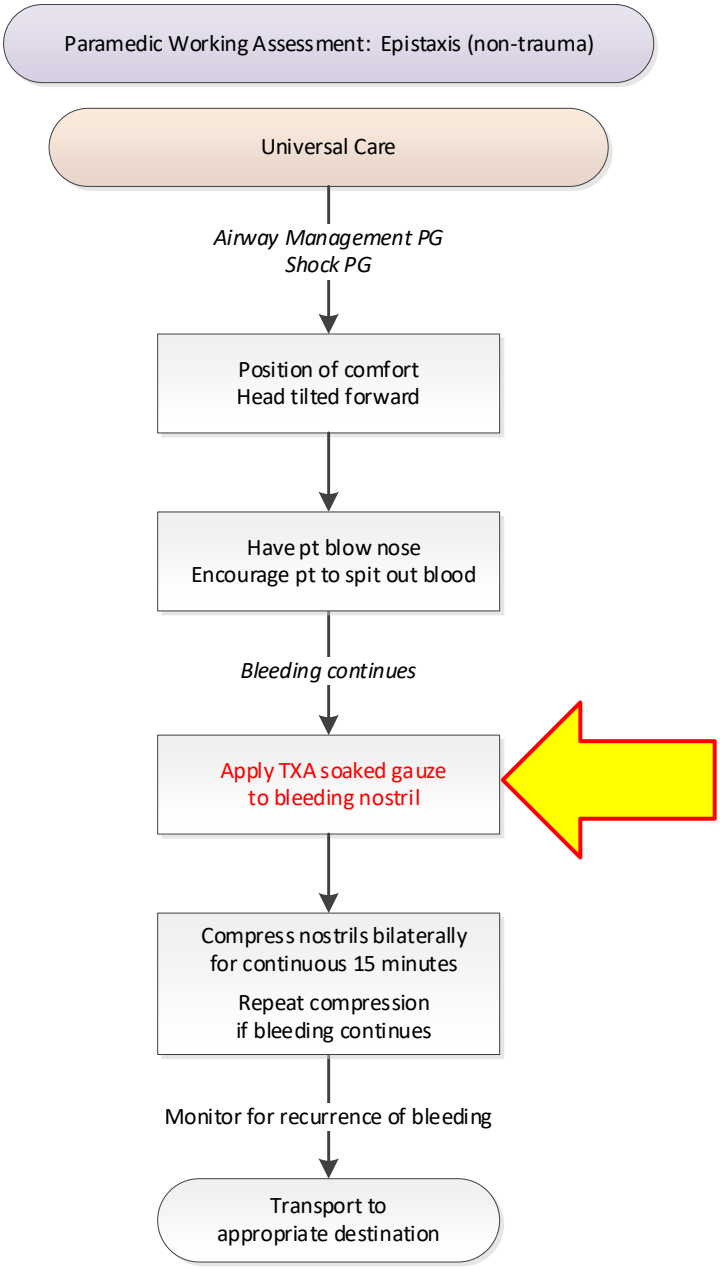
TXA application
- Cut 4x4 gauze in half
- Soak both halves in 1G TXA
- Use Q-tip to insert 1 half of TXA-soaked gauze into bleeding nostril, leaving tail exposed

Patient Safety Considerations
Assure airway is patent
Swallowing blood can lead to nausea and vomiting
Obtain medication history for all pts with epistaxis

Anticoagulants including warfarin (Jantoven), apixaban (Eliquis), dabigatran (Pradaxa), edoxaban (Savaysa), rivaroxaban (Xarelto), and many headache relief powders, may contribute to bleeding

Antiplatelet agents including ASA, clopidogrel (Plavix), dipyridamole (Persantine), prasugrel (Effient), ticagrelor (Brilinta), may contribute to bleeding

Quality Improvement
Key Documentation Elements
Patient airway status



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Approved: Benjamin Weston, MD, MPH Medical Director
Approved: Dan Pojar, BSEMS, FP-C, NRP EMS Division Director
WI DHS EMS Approval: