



**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  
Blowby oxygen  
Manage hypotension per shock PG  
Frequent Reassessment

**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

1. Onset/duration of bleeding
2. Airway status
3. Frequent reassessment of vital signs

