### Symptoms and Labs

<table>
<thead>
<tr>
<th>HIGH RISK</th>
<th>MODERATE RISK</th>
<th>LOW RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent, acute epistaxis for 30-60+ minutes without slowing despite below-listed conservative measures (Afrin, pressure, etc.)</td>
<td>Recurrent unilateral or bilateral epistaxis in adolescent males with no risk factors for bleeding.</td>
<td>Intermittent episodes of epistaxis lasting ~15 or less minutes, well controlled by conservative measures (see High Risk) or which stop spontaneously, in patients without risk factors</td>
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<tr>
<td>Concern for large intra-nasal mass as source of bleeding, visible on nasal exam.</td>
<td>Obvious, superficial capillary or vessel on anterior nasal septum visualized on nasal exam</td>
<td>Self-limited, intermittent epistaxis in the winter months</td>
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<td>Concerning accompanying symptoms: nasal obstruction, cough, taste alteration, anosmia, and/or foul smell in the nose</td>
<td>Intermittent self-resolving epistaxis in patients with known risk factors (poorly controlled HTN, anti-platelet therapy, nightly or continuous nasal cannula or CPAP, renal or liver failure, leukemia)</td>
<td>Young children with known habit of nasal digital trauma</td>
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<tr>
<td><strong>Deviated septum may result in epistaxis secondary to the drying effects of turbulent airflow</strong></td>
<td>Intermittent epistaxis increasing in frequency and severity (multiple episodes a week, a day, etc., interfering with school/work)</td>
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### Suggested Workup

**Initial conservative measures for acute epistaxis:**

- Spray copious amounts of topical over-the-counter vasoconstrictive agent in both nares: phenylephrine, oxymetazoline (a.k.a Afrin)
- Apply continuous pressure to the septum by pinching the nose tightly, occluding both nostrils, and hold for 15-20 minutes “without peeking”. Repeat for 20 more minutes if bleeding has not stopped
- Lean head forward to avoid swallowing blood
- Control hypertension, stop anti-platelet therapy if medically cleared.
- Order INR if on warfarin
- Address coagulopathy if indicated and possible
- If above measures x2 do not stop the bleeding, or bleeding is arterial despite pinching nostrils, patient should go to the ER where ENT consultation will be considered.
- If suspect or visualize nasal mass, place tissues in the nose, causes trauma when removed

**Suggested Previsit Workup**

- Instruct patient in nasal hygiene: night humidifier, gentle saline spray in the nose (sprayed away from the septum), Vaseline or saline-based gel in the nose every night, avoid trauma (digital, nose blowing). Do not place tissues in the nose, causes trauma

### Suggested Management

- **High Risk**
  - Measures listed in Moderate Risk, including instruction in nasal hygiene
  - For acute epistaxis, utilize conservative measures described in High Risk, stenting with digital pressure
  - If frequency increases, consider routine ENT consult for evaluation

- **Moderate Risk**
  - Control hypertension, stop anti-platelet therapy if medically cleared. 
  - Order INR if on warfarin 
  - Address coagulopathy if indicated and possible
  - If above measures x2 do not stop the bleeding, or bleeding is arterial despite pinching nostrils, patient should go to the ER where ENT consultation will be considered.

- **Low Risk**
  - Young children with known habit of nasal digital trauma

### Suggested Emergent Consultation

**SYMPTOMS AND LABS**

- Persistent, acute epistaxis for 30-60+ minutes without slowing despite below-listed conservative measures (Afrin, pressure, etc.)
- Concern for large intra-nasal mass as source of bleeding, visible on nasal exam.
- Concerning accompanying symptoms: nasal obstruction, cough, taste alteration, anosmia, and/or foul smell in the nose

**SUGGESTED MANIFESTATIONS OF CLINICAL PEARLS**

- 90% of nosebleeds are from the anterior nasal septum (known as Kesselbach’s Plexus).
- Herbal supplement such as garlic, ginko, and ginseng all have anti-platelet properties
- Trauma (e.g. nose picking and vigorous nose blowing) and mucosal dehydration (e.g. winter, dry climate) are the most common causes of anterior epistaxis
- HTN, aspirin (and other platelet inhibiting medications), and alcohol abuse are the most common causes of posterior epistaxis
- Deviated septum may result in epistaxis secondary to the drying effects of turbulent airflow
- Epistaxis worsens in the winter months due to dry heat and increased nose blowing
- Juvenile Nasopharyngeal Angiofibroma (JNA) is a very rare vascular mass in the nose, benign, and exclusive to adolescent males, and is diagnosed by nasal endoscopy in the ENT clinic
- During ENT consult, nasal exam will be performed with possible nasal endoscopy, and if superficial source of bleeding noted, silver nitrate cautery can be performed in clinic with topical anesthetic, even in fairly young children

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.