

Patient & Family Education Sheet

Epistaxis (Nosebleeds)

What is Epistaxis? The nose is lined with many blood vessels that lie close to the surface where they can be injured and bleed. Air moving through the nose can dry and irritate the delicate lining (membranes) inside. These areas can bleed when irritated by rubbing, picking or blowing the nose. Blood leaks from the broken blood vessels into the nasal cavity and out of the nostrils or sometimes down the back of the throat. A nosebleed can look scary, but it is usually not a serious problem. Nosebleeds are common in children and happen more often in dry climates.

What increases the risk of having a nose- bleed?

- Dry air
- Changes in temperature/humidity
- Nose trauma or injury
- Seasonal allergies and colds
- Object in the nose/ Picking the nose
- Blowing the nose too hard
- Low platelet count or bleeding disorder
- Exposure to cigarette smoke
- Abnormal blood vessels in the nose

How can I prevent a nosebleed?

- Saline nasal spray 2 to 3 times daily in each nostril to moisturize the nose, available over the counter.
- Nasal saline gel, Vaseline or antibiotic ointment (pea-sized amount) applied to inside of each nostril up to 4 times per day
- Use a cool mist humidifier in your room at night to keep the inside of the nose moist. Change the water in the humidifier daily.
- Blow nose gently when needed.
- Avoid picking/manipulating inside of nose.
- Increase fluid intake
- Do not smoke and avoid inhaling secondhand

How do I control a nosebleed?

- Stay Calm
- Sit up and lean forward slightly to apply pressure to nose
- Don't lie down.
- Breathe out of your mouth
- Make sure to pinch the soft part of the nose. Squeezing at or above the bony part of the nose will not put pressure in the right place to stop the bleeding (See Figure 1)
- Continue to pinch the bottom of the nose tightly for 10-15 minutes (see Figure 2). Watch the clock and do not release pressure until at least 10 minutes. Wipe the blood with a tissue from underneath the nose.
- If bleeding continues, soak a small cotton ball with a decongestant nasal spray (such as Afrin) and gently place it into the bleeding nostril. Keep pinching the nose firmly for a full 5 minutes; watch the clock.
- If these steps do not work, and there is a lot of bleeding, visit your nearest Emergency Room.
- See "Additional things I can do to treat or prevent a nosebleed" section if pressure and ice have not completely controlled the nosebleed.



Figure 1

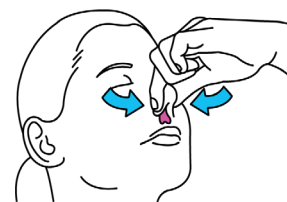


Figure 2



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What additional things can I do to treat or prevent Nosebleeds?

Topical Treatment – Before using the products below gently blow nose to clear the nose of loose/ineffective clot material. This debris can act like a wedge in the door. Blood vessels have elastic fibers that need to close around bleeding site. After using one of the treatments below, return to using pressure and ice until bleeding subsides.

- A. Afrin - [follow package instructions] (must be age 6 or older to use) 1-2 sprays in affected nostril, not to exceed use of more than 2 times per day or more than 3 days in a row.
- B. NasalCease – [follow package instructions] Twist the end and pack into bleeding nostril. Remove within 30 minutes. Apply pressure and ice after use.
- C. Helistat– [follow package instructions] Cut sponge and use to pack into bleeding nostril. This is absorbable and should not be removed once inserted. Apply pressure and ice after use.
- D. Salt Pork - must be prepared in advance. Buy salt pork in the grocery store. It is packaged like bacon. Cut small pieces about the size of your little finger. Using a thread or dental floss and needle, place a string through one end and tie a loop. This allows for easy removal from the nose. Wrap plugs in wax paper and place in freezer. When bleeding occurs remove from freezer, unwrap and place in nose frozen with string hanging out of nostril. Leave in place for 1 hour, applying pressure over the plug.



Oral Treatment – For recurrent nosebleeds oral aminocaproic or tranexamic acid or other medications such as high-dose IN DDAVP may be needed. Your medical team will advise you.

Recurrent Nosebleeds

- Sometimes, even when we do our best to avoid all the known risk factors and use the therapies described in previous sections, nosebleeds continue to happen.
- Nosebleeds can interfere with daily activities such as school, sports, work, and other planned activities.
- If nosebleeds are frequent, evaluation by an Ear Nose and Throat (ENT) doctor (also called an Otorhinolaryngologist (ORL)) is important as they can visualize the blood vessels in your nose and potentially perform a small procedure right in the office (called cauterization) to stop the blood vessels from bleeding.
- Evaluation by a hematologist for identification of a possible bleeding disorder is important.

When do I call for more help?

- If bleeding cannot be stopped
- If blood loss is large
- If you are experiencing repeated episodes of prolonged nose bleeding.
- If you feel faint, weak, ill or have trouble breathing (potentially signs of significant blood loss)
- If you have had injury of the head or face
- An object is stuck in your nose

Helpful Websites & Educational Resources

Boston Bleeding Disorders Center www.childrenshospital.org/programs/boston-bleeding-disorders-center

National Bleeding Disorders Foundation www.hemophilia.org

New England Hemophilia Association www.newenglandhemophilia.org

World Foundation of Hemophilia www.wfh.org

HemAware www.hemaware.org

LA Kelley Communications www.kelleycom.com



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