

1. Assess ABCDE, consider anticoagulant reversal, assess the location and cause of bleed.

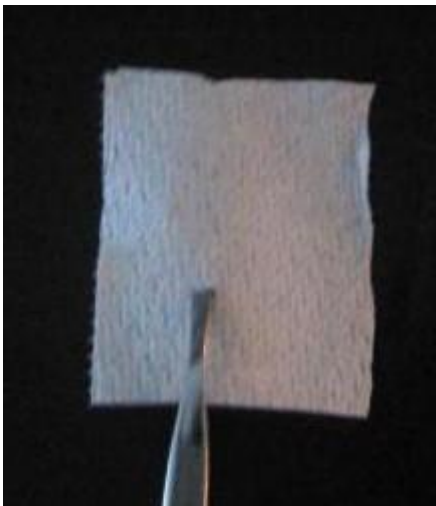


2. Manual Pressure

Advise the patient to press on the soft part of their nose for 10 minutes while sitting forward with the neck flexed.

This may stop the bleeding. If it does observe for 30 minutes and consider discharge.

Advise the patient not to touch, pick or blow their nose.

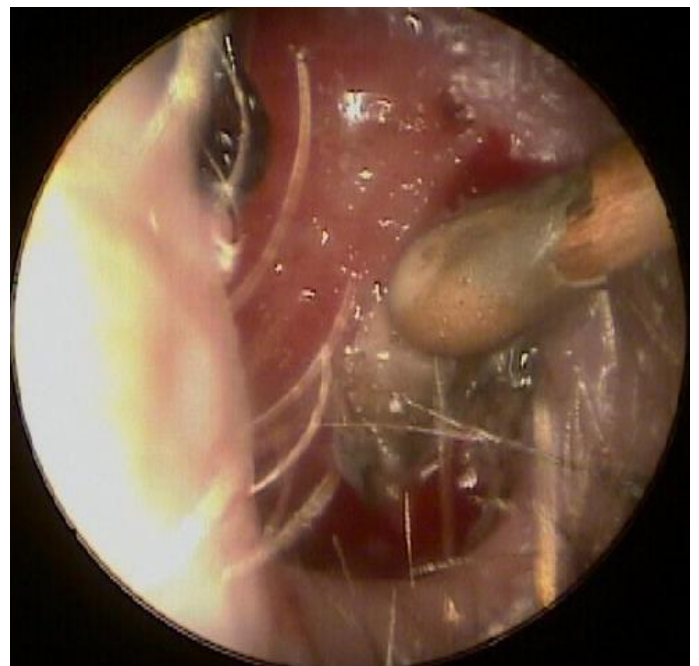
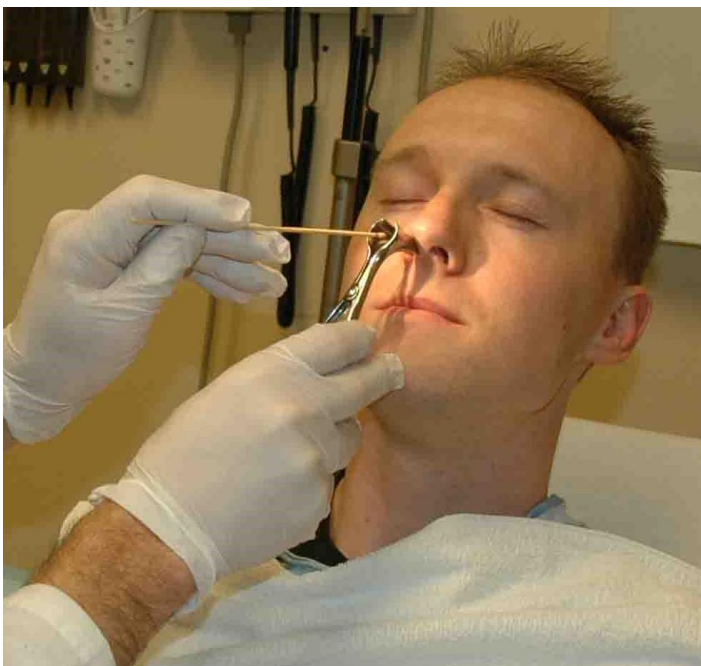


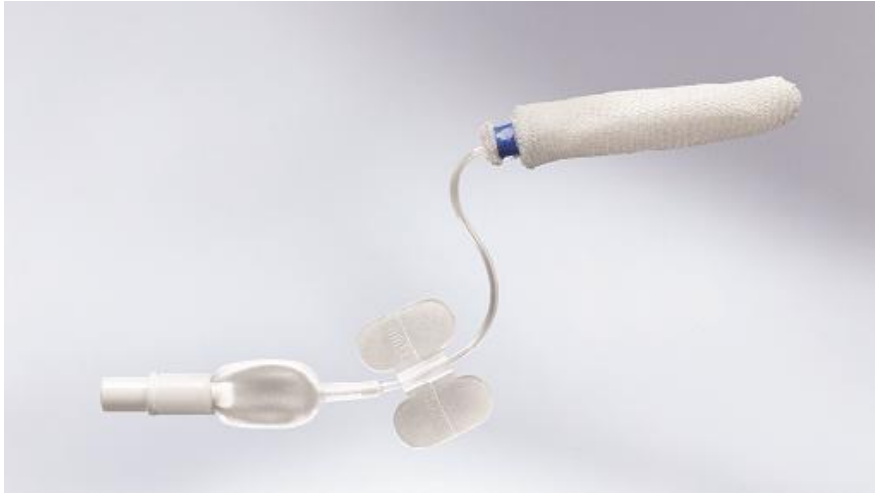
3. Using Adrenaline

Soak cotton wool in 1:1000 adrenaline and 1% lidocaine and insert into the nostril, clamping it for 5-10 mins.

4. Cautery

Apply a silver nitrate stick to the bleeding point (if seen) for 10-15 seconds. Never do both sides!





5. Nasal Packing

If you are unable to stop the bleeding with pressure, vasoconstrictors or cautery, pack the nose. Two common packing devices are the Rapid Rhino and Merocel tampon. Soak the Rapid Rhino in sterile water (not saline) for 30 seconds until the coating is translucent.

Insert your pack into the bleeding nostril horizontally, along the base of the nasal cavity - not upwards along the ridge of the nose. Aim slightly medially, along the nasal septum and in the same plane as the earlobe. Inflate the Rapid Rhino with air until the cuff is firm but bouncy; if using a Merocel it will expand with blood. Once the bleeding has stopped refer the patient to ENT for admission and observation.

If the bleeding continues, ensure the pack is adequately inflated and the position of the pack is correct (the tip of the pack should be just outside nostril) and then insert a pack into the contralateral nostril.

6. Posterior Packing

If you cannot stop the bleeding with these methods the bleeding is likely to be from a posterior source. The next step is posterior nasal packing and the patient should be referred to ENT for this.