### Epistaxis

#### History
- Age
- Past medical history
- Medications (HTN, anticoagulants, Aspirin, NSAIDS)
- Previous episodes of epistaxis
- Trauma
- Duration of bleeding
- Quantity of bleeding

#### Signs and Symptoms
- Bleeding from nasal passage
- Pain
- Nausea
- Vomiting

#### Differential
- Trauma
- Infection (viral URI or Sinusitis)
- Allergic rhinitis
- Lesions (polyps, ulcers)
- Hypertension

#### Pearls
- **Recommended Exam:** Mental Status, HEENT, Heart, Lungs, Neuro
- Avoid Afrin in patients who have a blood pressure of greater than 110 diastolic or known coronary artery disease.
- It is very difficult to quantify the amount of blood loss with epistaxis.
- Bleeding may also be occurring posteriorly. Evaluate for posterior blood loss by examining the posterior pharynx.
- Anticoagulants include aspirin, coumadin, non-steroidal anti-inflammatory medications (ibuprofen), and many over the counter headache relief powders.

#### Universal Patient Care Protocol
- Compress Nostrils
- Ice Packs (if available)
- Tilt head forward
- Orthostatic Blood Pressure
  - If Available
  - **Afrin (Otrivin) nasal spray** (if patient not hypertensive)
- Use Protocols as Needed
  - **Hypotension Protocol**
  - **Dysrhythmia Protocols**

#### Positive or Hypotension
- Notify Destination or Contact Medical Control
- **IV Protocol**
  - Normal Saline Bolus

#### Legend
- **MR**
- **B** EMT-B
- **I** EMT-I
- **P** EMT-P
- **M** Medical Control

*Medical Protocols*