

EPISTAXIS - ED - SCH

PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- Epistaxis in children usually comes from the antero-inferior part of the nasal septum
- Foreign bodies and nasal fractures may also cause epistaxis.
- Other systemic disease and abnormalities or medication should be considered.
- Management
 - Resuscitate.
 - Stop the bleeding.
 - Look inside the nose for the bleeding site,
 - Children with coagulopathy may need other measures in addition to the above.
 - ENT assessment: urgent or Outpatient follow-up.

CHANGE SUMMARY

- Document due for mandatory review.
- Replaces SCH document C.16.E.5.
- Dosages added to CoPhenylcaine forte application (page 2)

READ ACKNOWLEDGEMENT

- All ED clinical staff: nurses and medical officers need to understand and acknowledge this document.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure & Guideline Committee	
Date Effective:	1 st August 2015	Review Period: 3 Years
Team Leader:	Staff Specialist	Area/Dept: Emergency Department SCH

Epistaxis

Epistaxis in children usually comes from the antero-inferior part of the nasal septum (Little's area). The mucosa becomes dry and irritated with URTI's or allergic rhinitis and traumatised by nose-picking.

Foreign bodies and nasal fractures may also cause epistaxis.

Systemic disease such as leukaemia, hereditary haemorrhagic telangiectasia, hypertension and coagulation abnormalities like von Willebrand's disease and medication should be considered.

Management

- **Resuscitate.**
- **Stop the bleeding.** Apply pressure for several minutes without releasing. If bleeding recurs reapply pressure for 10 minutes.
- Using the ENT headlamp **clear out clots** with suction and help stop ongoing bleeding spots with a cotton bud soaked with either:
 - lignocaine 5% + phenylephrine 0.5% nasal spray (CoPhenylcaine forte) according to dosages below

OR

- lignocaine 1%/adrenaline 1:100,000 (Xylocaine 1% with adrenaline ampoules)

CoPhenylcaine forte dosage

- | |
|--|
| <ul style="list-style-type: none">○ child 2 to 4 years: 1 spray;○ 4 to 8 years: 2 sprays;○ 8 to 12 years: 3 sprays;○ more than 12 years: up to 5 sprays |
|--|

- **Look** inside the nose for the bleeding site, foreign bodies and septal haematoma (in trauma).
- **Children with coagulopathy** may need topical thrombin and platelets or coagulation factors in addition to the above measures.
- Arrange urgent **ENT assessment** if bleeding continues or there is a septal haematoma.
- Arrange **outpatient follow up** with ENT if the epistaxis is recurrent. Advise the child to avoid nose-picking. Apply petroleum jelly to the nasal mucosa to avoid further irritation and drying.

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