

EPISTAXIS (Nose Bleed)

Level I

(If subjective data sufficient, no exam is necessary.)

Skill Level: RN

Definition: The discharge of blood from the nares due to rupture of a blood vessel in the nose (usually the anterior septum).

MILD	
Subjective: <ul style="list-style-type: none">• "I have a bloody nose."<ul style="list-style-type: none">○ Obtain a history of Trauma, anticoagulant use or excessive Aspirin/NSAID intake recently.○ Obtain time of onset, duration and frequency.	Assessment: <ul style="list-style-type: none">• Potential for anxiety related to epistaxis.• Altered intra-nasal skin integrity/Epistaxis.
Objective: <ul style="list-style-type: none">• Subjective data sufficient for institution of treatment plan.• If seen - minimal to mild bleeding.• Check medication records for use of anti-cholinergic drugs. May cause drying.• If trauma, there is no deformity, swelling may be present.	Plan: <ul style="list-style-type: none">• Application of ice may help stop bleeding.• Apply very firm continuous external compression by pinching anterior nose for 15 minutes. Keep patient in sitting position with head tilted forward (to prevent blood pooling in posterior nasopharynx).

Patient Education:

1. Once bleeding has stopped, instruct patient against vigorous blowing of or picking at nose, or use of Aspirin/NSAIDs.
2. Recontact Health Services if nosebleed recurs within 1 week.
3. May use Vaseline or other petroleum based product for 1-2 weeks to minimize dry mucous membranes. Dry mucous membranes can contribute to recurrent nosebleeds.


APPROVED:

Health Services Manager


Date

Chief Medical Officer

Date



Medical Director



Date

Effective Date _____
Revised: February 2009