

## Epistaxis (nosebleed)

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You or your child has come to the Emergency Department with a severe nosebleed or a nosebleed that wouldn't stop. This leaflet explains the causes and gives advice on how to cope with nosebleeds at home.

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Nosebleeds are usually mild and easily treated. However, sometimes, bleeding can be more severe and this can occur in older people, especially those with some blood disorders or taking blood thinning medications such as Warfarin. If the bleeding is severe or if it does not stop within 20-30 minutes, get medical help quickly.

### What causes nosebleeds?

Nosebleeds usually start from the nasal septum (the partition between the nostrils) where the blood vessels are quite fragile (anterior bleeds). Often there is no apparent trigger for a nosebleed but some common causes for a nosebleed are:

- Colds/ sneezing and blocked nose such as with hayfever.
- Dry nasal mucosa (i.e. in air conditioned rooms with dry air).
- Picking the nose.
- Blowing the nose.
- Injuries to the nose.
- High blood pressure.
- Physical or emotional stress.
- Cocaine use.
- Nasal polyps (benign growths on the inside of the nasal lining).
- Foreign bodies (usually in children).
- Sometimes, the bleeding may be coming from further back in the nose (posterior bleed). In those cases bleeding is usually heavy and difficult to control by pinching the nose only.

### What is the treatment for nosebleeds?

For simple nosebleeds first aid can usually stop the bleeding.

- If you are not feeling faint, sit up and lean slightly forward.

- Pinch your nose tightly with a finger and thumb over the fleshy bits of the nostrils and do not let go for at least 20-30 minutes. The direct pressure stops the bleeding and allows the blood to clot at the site of the broken blood vessels.
- Once the nosebleed has stopped, do not blow or pick your nose in order to remove the clots. This may re-start the nosebleed. The clots will dry up and drop out on their own.
- Vaseline or antibiotic ointment for topical use may be offered for self administration to keep the nasal mucosa moist and lubricated in the days to follow.

### What if the nosebleed doesn't stop?

This is when people usually attend the Emergency Department. In some cases the nosebleed is heavy and persistent and cannot be controlled by direct pressure only. Such patients may start feeling light headed and/or swallow large amounts of blood which may make them sick.

It is always reassuring to know that help is on the way.

In these cases there are several treatment options:

- Cauterisation (“burning”) – when the bleeding spot can be identified on inspection, the doctor or nurse practitioner may choose to cauterise it and thus stop the bleeding. This is a simple and quick procedure using some applicators with a chemical on the tip (silver nitrate). It may feel a little bit uncomfortable and that's why an anaesthetic spray may be used.

Cauterisation may also be used to prevent recurrent nosebleeds, i.e. when the bleeding has already stopped but the exposed blood vessel is within sight on inspection.

- Packing of the nose – this is a procedure carried out when the nosebleed is profuse and not settling with the above measures. It consists of packing the nasal cavity with impregnated ribbon gauze or a special inflatable self lubricating pack (Rapid Rhino) which is left to stay inside the nose once inflated.

When packing of the nose is performed, the patient needs to be admitted to the ENT (Ear Nose and Throat) Ward for further observation and specialist treatment.

- Additional measures. In cases of profuse nosebleeds with significant blood loss and a resulting drop in the blood pressure or when patients are taking blood thinning medicines (i.e. Warfarin, Aspirin) and a delayed clotting is expected, blood tests need to be taken and intravenous fluids administered.

### Recurrent nosebleeds

In cases of recurrent nosebleeds where no obvious cause can be identified, the patient is stable and the nosebleed has stopped, an outpatient appointment for the ENT Clinic may be offered for further investigations and specialist advice.

### Tell us your views

If you wish to discuss any aspect of your treatment and care, please speak to a senior member of staff or to the nurse looking after you. The matrons are also available during normal working hours and they welcome your views.

You can also pick up a copy of the Trust leaflet called 'Talk to us', which explains how you can raise concerns or give feedback on your experience at the hospital.

### Friends and Family Test

Whatever your experience you can give feedback by answering the Friends & Family test question – *How likely are you to recommend our service to family and friends if they needed similar care or treatment?* - by going online [www.royalberkshire.nhs.uk/get-in-touch/friends-and-family-survey.htm](http://www.royalberkshire.nhs.uk/get-in-touch/friends-and-family-survey.htm).

### Further information

More information is available on the Trust website:

[www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

Royal Berkshire NHS Foundation Trust  
London Road  
Reading RG1 5AN  
0118 322 5111 (switchboard)

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