

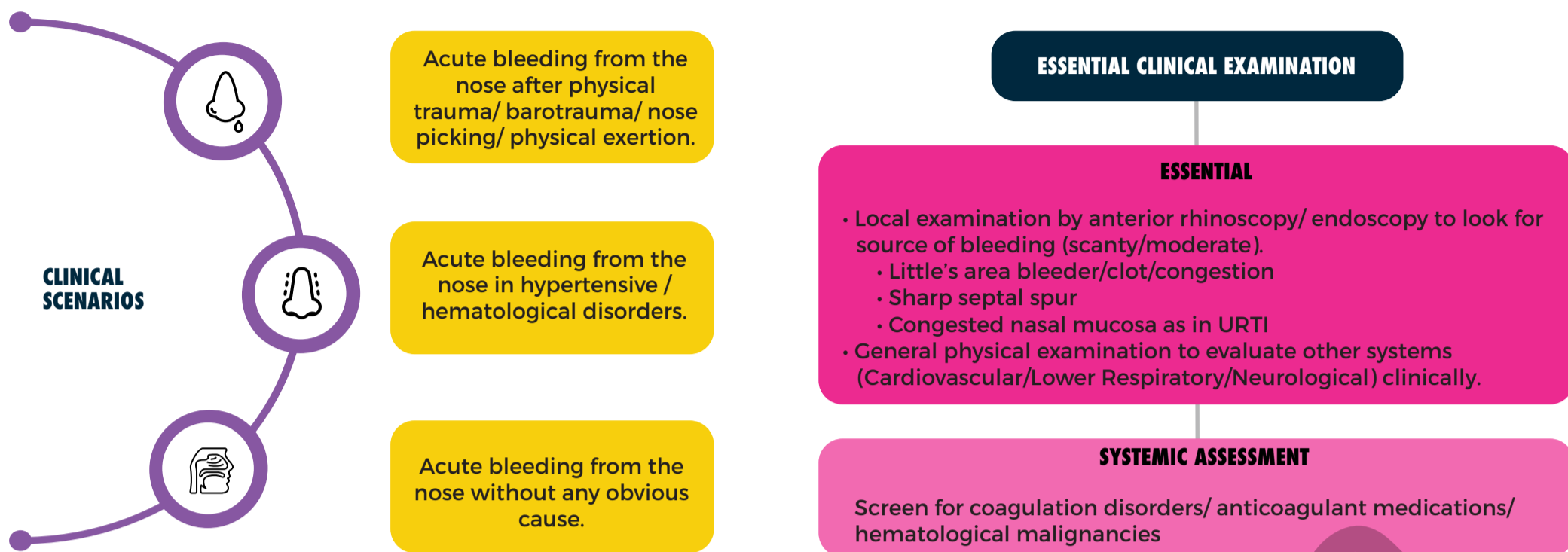


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Standard Treatment Workflow (STW) for the Management of EPISTAXIS ICD-10-R04.0



MANAGEMENT

STEP-WISE MANAGEMENT PRINCIPLE

1. Ensure patent airway/ avoid aspiration by head down/lateral positioning
2. Restore hemodynamic stability by intravenous fluid replacement/ transfusion
3. Control bleeding/bleeder by
 - Bidigital compression of nose for 10 minutes in Trotter's position (cotton pledgets soaked in 4% xylocaine with adrenaline may be used)
 - Short term tab labetalol will take care of uncontrolled hypertension
 - Chemical/electrocauterization of bleeder in Little's area
4. Tamponade of bleeders by anterior nasal packing/ epistaxis balloon
5. Posterior nasal packing if bleeding is not controlled with above measures
6. Antibiotic prophylaxis and hospitalization is recommended after nasal packing
7. H2blockers/ PPI to be given in case of blood aspiration to avoid gastritis
8. Persisting bleeding despite nasal packing > consider arterial ligation (sphenopalatine / anterior ethmoidal artery).
9. Selective embolization is an alternative to surgery
10. Address identified etiology, if any



INVESTIGATIONS

ESSENTIAL

1. Hemoglobin level
2. Coagulation profile
3. Complete blood count

DESIRABLE

CT scan with contrast in cases with no obvious cause// suspected benign or malignant lesion

Features suggestive of neoplasia

- Unilateral bleeding
- Nasal obstruction
- Visual/orbital symptoms
- Obvious mass lesion

Persistent bleeding despite nasal packing

Altered blood counts/ coagulation profile

Recurrent profuse bleeding

- Consider JNA in teenage boys
- Aneurysmal bleeding (specially following trauma) to be ruled out by DSA
- To be managed by appropriate treatment at tertiary level

RED FLAG SIGNS

FOLLOW UP SERVICES

1. Continued nasal lubrication for 2 weeks with liquid paraffin
2. Repeat anterior rhinoscopy/ endoscopy to know/confirm the cause of bleeding
3. Oral hematinics to be considered if needed

QUALITY ASSESSMENT PARAMETERS

1. Recurrence of episodes
2. Improvement in hemoglobin level over a period of time.

POINTS TO PONDER WHILE MANAGING EPISTAXIS

1. Epistaxis in children is almost always anterior and from Little's area, consequent to mucosal drying by dry air.
2. Epistaxis in adults is often related to hypertension and arises posteriorly from the posterior end of inferior turbinate
3. Initial non-invasive methods may suffice in a large majority of patients.

ABBREVIATIONS

JNA: Juvenile Nasopharyngeal Angiofibroma
DSA: Digital Subtraction Angiography

CT: Computerized Tomograms
URTI: Upper Respiratory Tract Infection

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES