Epistaxis (nosebleeds)

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See also: Epistaxis in < 1 year / Nose injuries on the BSUH Microguide (Paediatrics & Neonatology > Paediatrics > A-Z > CED guidelines)

Background

Common causes in childhood include
- Minor trauma from nose picking or rubbing, or foreign bodies
- Friable nasal mucosa from URTI, mucosal dryness, or intranasal steroids

Rarer causes include nasal polyps, bleeding disorders, vascular malformations, and nasopharyngeal tumours

Higher incidence in cold weather and low ambient humidity – makes nasal septal mucosa dry and friable.

Assessment

Epistaxis is usually from Little’s area in anterior septum

Management

Caution

Don’t attempt cautery in children
Ensure adequate local anaesthesia for any procedures – use topical lignocaine spray
Bilateral anterior bleeding or any posterior bleeding: refer to ENT SHO bleep 8619.
Epistaxis in haemodynamically stable child

Initial treatment:
Continuous pressure on anterior portion of nose for 5 – 10 minutes
Child sitting upright with head forward

Bleeding ceased?

YES
Discharge home
with advice and education
- 2 weeks of Naseptin cream (note has peanut oil) BD
- Avoid picking nose
- Recurrent nosebleeds may benefit from cauterity in clinic – refer to ENT with a copy of notes to
  bsuheoutpatients.emergencies@nhs.net

NO
Persistent bleeding
- Often due to inadequate pressure
- Determine site of bleeding
- If bleeding remains uncontrolled:
  Call ENT SHO to come urgently to insert Nasopore or Flowseal