Avoiding a further nosebleed

- To avoid another nose bleed please follow the advice given below for at least three days:
  - All food and drink should be COOL.
  - Avoid strenuous activity.
  - Avoid constipation and ‘straining’.
  - Do NOT sunbathe or take hot baths.
  - Avoid alcohol and smoking.
  - Avoid scratching or blowing your nose. Sneeze with your mouth open if needed.

- If you have had nasal cautery, Vaseline or a prescribed nasal cream should be applied at least four times a day for one week.

- If there is slight bleeding, sit upright and apply an ice pack. Firmly squeeze the soft lower half of the nose between the thumb and first finger for at least 10 minutes, without releasing. Spit out any blood as swallowing this may make you feel sick. A cold compress on the top of the nose or sucking ice may help you.

- If you are worried, please seek medical advice promptly.

- If your nose is still bleeding after 20 minutes, go to your nearest Emergency Department as soon as possible.

General support

- For general medical advice please use the NHS website, the NHS 111 service, walk-in-centres, or your GP.

- The NHS website provides online health information and guidance www.nhs.uk

- The NHS 111 phone line offers medical help and advice from trained advisers supported by nurses and paramedics. Available 24 hours a day. Calls are free from landlines and mobile phones.

- There are walk-in and urgent treatment services at Brighton Station, in Crawley and at Lewes Victoria Hospital. www.bsuh.nhs.uk/services/ae/

- Patient Advice and Liaison Service (PALS) can be contacted with your comments and concerns, and to provide general support. PALS@bsuh.nhs.uk

RSCH: 01273 664683.
PRH: 01444 448678
PALS, Royal Sussex County Hospital, Eastern Road, Brighton BN2 5BE

Nosebleed (Epistaxis)
Advice for patients

Emergency Department
Royal Sussex County Hospital
Level 5, Thomas Kemp Tower,
Eastern Road, Brighton BN2 5BE
01273 696955 extn. 64261
Princess Royal Hospital
Lewes Road, Haywards Heath RH16 4EX
01444 448745
www.bsuh.nhs.uk
A nosebleed (also known as epistaxis) is bleeding from the nose due to burst blood vessels at the front or back of the nostrils.

The bleeding is usually mild and easily treated. If the bleeding is more severe, it is usually in older people or in people with other medical problems.

We don’t always find a reason for why your nosebleed occurred on this occasion.

The common site for a nosebleed to start is in Little’s area. This is just inside the entrance of the nostril, on the nasal septum (the middle harder part of the nostril). Here the blood vessels are quite fragile and can rupture easily for no apparent reason. This happens most commonly in children. This delicate area is also more likely to bleed with the following:

- Picking the nose
- Colds, and blocked stuffy noses such as hay fever
- Blowing the nose
- Minor injuries to the nose
- Changes in temperature

In the above situations, the bleeding tends to last only a short time and is usually easy to control.

Bleeding sometimes comes from other areas further back in the nose. It is sometimes due to uncommon disorders of the nose, or to serious injuries to the nose. The bleeding may be more prolonged and harder to stop if you have: high blood pressure; heart failure; a blood clotting disorder; or are taking ‘blood thinning’ drugs (anticoagulants) such as warfarin or aspirin.

What causes a nosebleed?

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When you go home

- It is possible that your nose will bleed again. When you go home, try to avoid lifting, strenuous exercise, constipation and stressful situations, as they can cause your blood pressure to rise and increase the chances of a nosebleed.

- Do not blow, pick or attempt to clean the inside of your nose. The crusting discomfort you may feel is part of the healing process, and if you remove the crusts, you may infect the area or cause another nosebleed.

- You may have dark red or brown discharge from your nose. This is usual and is nature’s way of clearing the nose.

Treating your nosebleed

- A member of staff will take your observations. If your observations suggest you are becoming unwell with the amount of the bleeding or your bleeding has been ongoing for some time, we may move you to a different area of the Emergency Department, where we can monitor you more closely.

- A doctor or nurse will help treat you, using pressure on the soft part of your nose and using gauze to absorb blood.

Nasal cautery

- If the bleeding continues, your doctor may use a cautery stick, essentially a cotton bud with silver nitrate on the tip. If the doctor can identify the bleeding point, they will use the cautery stick to seal the area of bleeding and you will be able to go home. Use of the stick may sting for a moment. If nasal cautery is not successful, we may need to admit you for further treatment.

Nasal packing

- Your nose may require packing, with a sponge or a ribbon dressing (a soft absorbent device into a nostril), to stop the bleeding or if severe with an epistaxis balloon. The packing will completely block your nose and you will need to breathe through your mouth.

- If your nose is packed, this will remain in place for 24 to 48 hours. Since your nostril will be blocked you may experience: a mild headache; dry mouth; reduced appetite; reduced taste sensation; difficulty swallowing; or watery eyes. We may be able to discharge you home with an ENT clinic appointment but it may be necessary to admit you for further treatment.