R.I.E Epistaxis standard operating procedure (SOP) V2.0 191020

This epistaxis SOP is for use in cooperative, haemodynamically stable patient with *ongoing* bleeding. If in doubt, get senior help. When bleeding stops consider discharge (see guidelines below)

STEP 1 (first aid)
Ensure appropriate simple first aid measures have been tried. These have usually been undertaken pre-hospital or after triage. Ensure patient is on trolley. Prepare equipment.

STEP 2 (manual clot removal)
Clear any large blood clot from the nasal passages by gently blowing nose, or with nasal forceps. Examine the nose. (Suctioning should be avoided during Covid 19 pandemic).

STEP 3 (vasoconstrictor therapy)
If active bleeding, insert a dental roll soaked in **Lignocaine 1% and Adrenaline 1:1000** topical solution in the anterior nose and use the supplied nasal clip to compress the nose over Little's area (soft part of nose) for 10 minutes.
*vasoconstrictor therapy supplies and further instructions in ENT box

STEP 4 (cautery)
Re-examine nose with a nasal speculum and good light.
Identify vessel. Spray with Lignocaine. **Dry** around the area with a cotton bud.
Cauterize any visible culprit vessel in Little's area with silver nitrate until visible blanching.
Do not cauterise for longer than 10 seconds without re-inspecting and do not cauterise both sides symmetrically as the same time (risk of septal perforation). Dry around again if necessary.
Apply Naseptin (Mupirocin if peanut allergy). Yellow soft paraffin can be used as alternative.
Note: Generally significant bleeding needs to be controlled before cautery.
Minor continued bleeding may require further period of compression with the Lignocaine and Adrenaline topical solution soaked roll.

STEP 5 (Nasal packing/ENT referral)
Coat pack with Chloramphenicol ointment prior to insertion (check with senior if unsure of method of insertion). If coagulopathic, then nasal packing should be performed by a senior member of staff. Consider bilateral packs if bleeding continues despite initial pack. Refer ENT (advise pt >24 hour admission)

Blood sampling
- **COAG** for patients on **anticoagulants** or with **suspected coagulopathy** (Abnormal results should be managed as per haematology guidelines)
- **FBC** for patients with significant bleeding/suspected anaemia

St John's transfers
- **G&S** *sample* and *form* should be **labelled & sent with patient**

Discharge prescription
- **NASEPTIN** 4 times daily for 10 days. (**MUPIROCIN** 2-3 times daily for 5 days if peanut allergy)

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The Royal College of Emergency Medicine

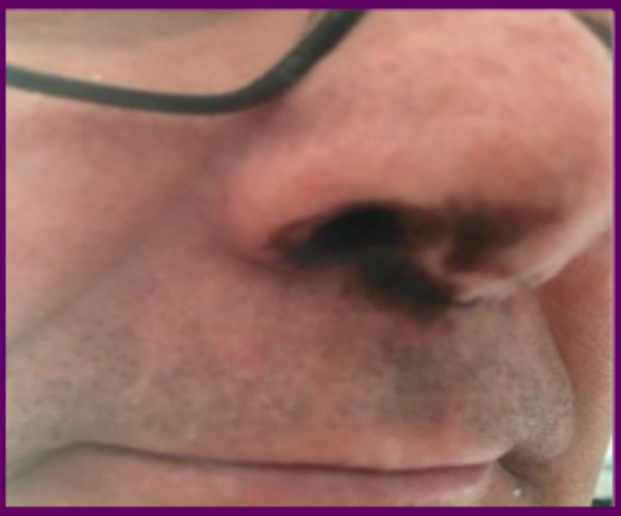
(August, 2020)

Clinical Case Learning

With thanks to Dr Jonathan Carter, the patient and ANP Kirsty Hamilton

A runny nose -

Localised cutaneous argyria after nasal cautery



A patient with epistaxis had nasal cautery in the ED with silver nitrate. Reattended hours later with indelible staining of skin around nose, but away from the area of cautery (see photo). Silver nitrate is transferred distally post procedure by nasal mucosal discharge & ciliary action.

Silver nitrate staining of the skin after nasal cautery is a rare but avoidable complication. Staining eventually fades with gentle exfoliation but may take weeks to months. This could have litigious implications if in a cosmetically important area.

Good Practice Points for nasal cautery:

- Spray with topical anaesthetic/vasoconstrictor.
- Dry around the area with cotton bud.
- When using silver nitrate, start from the edge of the bleeding point and move centrally in a radial fashion.
- Dry around the area again if necessary.
- Apply Naseptin (check no peanut allergy) or soft paraffin in and around nostril.

For Safety Alerts and RCEM Issued Safety Flashes see:
www.rcem.ac.uk/SafetyAlerts

https://www.rcem.ac.uk/docs/Complication%20after%20silver%20nitrate%20for%20epistaxis%20final.pdf

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