



Aim: reduce the number of admissions with epistaxis whilst ensuring the safety of patients and staff. **PPE:** same level used for nasal endoscopy – AAMI level 2 gown, gloves, FFP3 mask, visor, hat.

Emergency Department

- Nasal pressure, 15 minutes
 - Tranexamic acid
- Control of risk factors (blood pressure, aspirin, anticoagulants)



Insert unilateral bioresorbable dressing (e.g. Nasopore or FloSeal)



Bleeding continues: ENT review

Silver nitrate cautery

+/- alternative non-packing technique



Bleeding cessation

- Discharge with 48hrs bed rest
- Naseptin or bactroban topical
- No ENT follow-up required



Bleeding continues: ENT

Unilateral non-absorbable nasal packing (e.g. Rapid Rhino)



Bleeding continues / admission

- Bilateral +/- posterior packs
- Significant medical co-morbidities
- Surgical intervention if indicated



Bleeding cessation

- Discharge with pack in situ if patient suitable
- Review by ENT following day

Surgical Intervention: Avoid intervention unless necessary. Manage all patients as if COVID-19 positive with highest level of PPE - respirator, negative pressure room, reduced personnel.