

STANDARD TREATMENT WORKFLOW (STW)

Epistaxis

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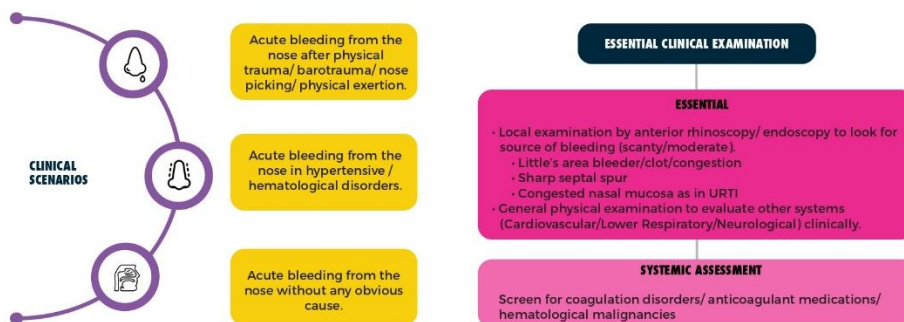
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Standard Treatment Workflow (STW) for the Management of EPISTAXIS ICD-10-R04.0



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 2% adrenaline with adrenaline may be used)



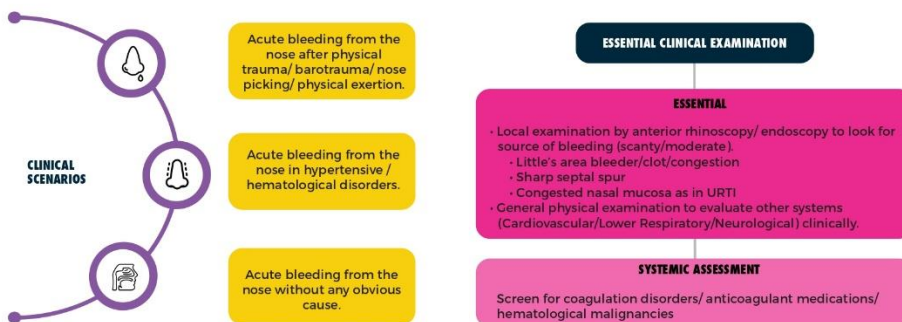
Trotter's Position

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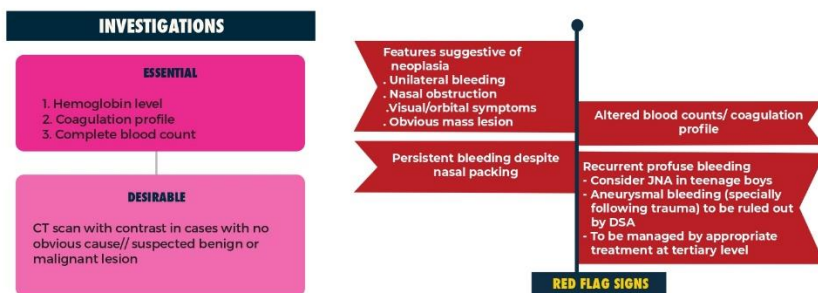


MANAGEMENT

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

Trotter's Position



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

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (stw.icmr.org.in) for more information.
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