

## **EPISTAXIS (NOSEBLEEDS)**

### **Guidelines for Managing and Preventing Acute Nasal Bleeding**

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#### **WHAT TO DO DURING AN ACUTE NOSEBLEED**

**1. Afrin (Oxymetazoline Nasal Spray)**

It is essential to keep Afrin readily accessible—ideally in your pocket or purse—for immediate use during an episode. At the onset of bleeding, administer 2 to 3 sprays into the affected nostril. Afrin works by constricting blood vessels and can help slow or stop the bleeding.

**2. Nampon Nasal Pack**

Nampon is a compact nasal tampon available through Amazon or local pharmacies. Insert the pack gently into the affected nostril until it fits comfortably. Nampon applies localized pressure (tamponade) to the bleeding site and is particularly effective for anterior bleeds, which are most common. In some cases, bleeding may originate from a posterior source and require further intervention.

**3. Nasal Pressure**

After using Afrin and inserting the Nampon, apply continuous pressure to the soft, lower part of the nose using your fingers. If a Nampon is not available, direct pressure alone can be effective. Maintain firm pressure for 20 to 30 minutes without releasing.

**4. Nasal Clip (Optional)**

As an alternative to digital pressure, a nasal clip can be applied to the soft portion of the nose to maintain continuous compression. Leave the clip in place for 20 to 30 minutes to enhance the effectiveness of Afrin and Nampon.

**5. Minimize Activity**

During a bleeding episode, remain calm and avoid physical activity. Sit upright and remain still. Standing, walking, or bending over can exacerbate bleeding. Staying still with the head elevated is crucial.

**6. Emergency Evaluation**

If bleeding persists beyond 30 minutes or is heavy, seek immediate medical attention at the nearest emergency department for further evaluation and management.

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#### **HOW TO PREVENT RECURRENT EPISTAXIS**

**7. Stay Hydrated**

Nasal dryness is a major contributor to nosebleeds. Drink at least two glasses of water, 3–4 times daily, to help maintain moisture in the nasal passages.

**8. Topical Bacitracin Ointment**

Using a clean cotton swab, apply a small amount of bacitracin to the inside of each nostril

(2–3 cm deep). Gently coat the inner nasal walls, especially the septum and nasal vestibule. Repeat this 2–3 times per day. Alternative ointments include Vaseline, Neosporin, Polysporin, or triple antibiotic ointments.

**9. Avoid Nasal Trauma**

Refrain from nose picking, excessive blowing, or scratching the nose. These actions can irritate the nasal lining and trigger or prolong bleeding.

**10. Use of Nasal Saline or Rhinase**

Regular nasal irrigation helps maintain mucosal hydration. Over-the-counter saline sprays (e.g., Ocean, Ayr) are effective, though Rhinase is preferred for its longer-lasting moisturizing effect. Use 3 times daily.

**11. Avoid Non-Prescription Blood Thinners**

Over-the-counter medications such as aspirin (Bayer, Ecotrin), ibuprofen (Motrin, Advil), and naproxen (Aleve) can increase the risk of bleeding. Discontinue these unless otherwise directed by your physician. If you are taking *prescription* anticoagulants (e.g., Plavix, Eliquis, Xarelto, Coumadin), consult your primary care provider to assess the risks and benefits in light of frequent nosebleeds.

**12. Manage Blood Pressure**

Hypertension (high blood pressure) is a common cause of recurrent epistaxis. Even when treated, blood pressure can spike unexpectedly and trigger bleeding. Monitor your blood pressure regularly and consult your primary care provider for management if elevated.

**13. Address Allergies**

Allergic rhinitis contributes to inflammation and nasal irritation, increasing the likelihood of bleeding. Consider allergy testing to identify specific triggers. Management may include allergen avoidance, medications, and potentially allergy immunotherapy (allergy shots).

**14. Use Antihistamines Cautiously**

While antihistamines may control allergy symptoms, they can also dry out the nasal mucosa. Use them conservatively and under medical guidance.

**15. Nasal Cauterization**

Evaluation and treatment by an ENT specialist may include in-office cauterization, especially for visible vessels in the anterior nasal cavity. This procedure can reduce the frequency and severity of bleeding in 50–80% of cases.

**16. Repeat Cauterization**

A follow-up ENT appointment 1 to 2 weeks after the initial cautery is often beneficial. Additional treatments may be necessary for optimal control of recurrent nosebleeds.

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If you have any questions about your symptoms or treatment plan, please contact our office. Timely management and appropriate preventive measures can greatly reduce the frequency and severity of epistaxis.

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