

Jackson County Medical Control Authority
Community Paramedicine Protocols
Nasal Packing Removal

Date: February 2017

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Nasal Packing Removal

Indications: This protocol provides general guidance for the removal of nasal packing for nose bleeds under the Community Paramedicine Program. The CPU will respond to a residence on request from the primary care provider, on request by the patient through 911 triage or on referral from ALS 911 response. The CP will follow guidelines outlined by the primary care providers or on-line medical direction orders.

Purpose: To assess the patient with a nasal packing placement, provide initial treatment and differentiate between the patient who can be treated at home vs. those who will require ED evaluation.

CPU Directives:

1. Follow **General Protocol for CPU Patient Assessments**.
2. Obtain and review patient health history and primary care provider's orders prior to evaluation when available.
3. If the patient has active bleeding on in initial evaluation provide direct pressure to the nose as soon as possible while obtaining additional history.
4. Evaluate the patient's history and determine the following:
 - a. Time of onset of current nose bleed
 - b. If any nasal bleeding or post nasal bleeding has occurred since packing placement.
 - c. History of previous bleeds and treatment required
 - d. Use of medication which may affect treatment of the nose bleed: Aspirin, systemic anticoagulants (Lovenox, Coumadin, other anticoagulants)
 - e. Assess vital signs
 - f. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, other systemic symptoms
5. Assess Hgb and INR, if available, for patients with significant bleeds or patients on Coumadin
6. Patients with systemic symptoms or vital sign changes or significant lab abnormalities may need transported to the ED for evaluation.
7. Patients without systemic symptoms and stable vital signs may be appropriate for home treatment, and close follow up.
8. If nasal packing has been in place for at least 24hrs, and there is no active bleeding, the nasal packing can be removed.
 - a. If there is a balloon in place, deflate the balloon completely using an appropriate syringe.
 - b. Gently pull the strings attached to the packing to completely remove the packing from the affected nostril.
 - c. Observe patient for a minimum of 5 minutes to ensure bleeding does not reoccur.

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- d. If bleeding reoccurs, refer to Nose bleed Protocol (11-31)
- 9. Contact the PCP or on-line medical direction per the **General Protocol for CPU Patient Assessments**. Provide patient report and discuss treatment and continuity plan.
- 10. Continue treatment and follow the **General Protocol for CPU Patient Assessments** until a disposition is determined and continuity plan completed.