

Jackson County Medical Control Authority
Community Paramedicine Protocols
NOSE BLEED

Date: February 2017

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Nose Bleed

Indications: This protocol provides general guidance for the evaluation of patients with complaint of nose bleed 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 nose bleed, provide initial treatment and differentiate between the patients 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. History of previous bleeds and treatment required
 - c. Use of medication which may affect treatment of the nose bleed: Aspirin, systemic anticoagulants (Lovenox, Coumadin, other anticoagulants)
 - d. Assess vital signs
 - e. 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. Provide direct pressure for an initial period of 10-15 minutes. Reassess after this period. If the initial treatment is not successful, repeat the direct pressure treatment. Try to keep the patient from swallowing blood which may be irritating to the GI tract and result in vomiting of blood.
9. If direct pressure is successful in controlling the bleeding, give the patient and family education as to the typical treatment of nose bleeds, self-treatment options prevention options.

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10. If direct pressure is unsuccessful in controlling the bleeding, consider nasal packing (rhino rocket or similar device).
 - a. Do not use nasal packing for a traumatic nosebleed.
 - b. Place packing into the affected nostril per manufacturer recommendations.
 - c. Observe patient for at least 30 minutes to ensure bleeding is controlled.
 - d. If bleeding is not controlled, transport to the nearest emergency department.
 - e. If bleeding is controlled, contact online medical control and arrange for follow-up for packing removal with PCP or ENT.
 - f. If patient cannot follow-up in 24 to 48hrs, arrange for CP follow-up in 24hrs for nasal packing removal.
11. 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.
12. Continue treatment and follow the **General Protocol for CPU Patient Assessments** until a disposition is determined and continuity plan completed.