

# CT Children's CLASP Guideline

## Epistaxis

<b>INTRODUCTION</b>	<p><b>Epistaxis</b> is common in children and most frequently results from trauma to the vascular area of the anterior septum called Kisselbach's plexus. It is often triggered by dryness which can lead to itching which can cause trauma or irritation in this area. Another common cause is related to allergic rhinitis, which causes irritation and increased blood flow to the area.</p> <p>Other causes for epistaxis include coagulopathy or foreign body. Very rarely, tumors and vascular lesions such as juvenile nasopharyngeal angiofibroma will present as severe epistaxis.</p> <p>Epistaxis is rare in children &lt; 2 years, and should raise suspicions of trauma or systemic illness.</p>		
<b>INITIAL EVALUATION AND MANAGEMENT</b>	<p><b>INITIAL EVALUATION:</b></p> <ul style="list-style-type: none"><li>▪ <b>History of current &amp; prior episodes</b><ul style="list-style-type: none"><li>– Number, frequency, duration, seasonal pattern(s)</li><li>– Unilateral versus bilateral</li></ul></li><li>▪ <b>Patient medical history:</b><ul style="list-style-type: none"><li>– Bleeding from other sites: e.g., gums, skin, urinary or GI tract, heavy menstrual bleeding</li><li>– Seasonal allergies</li></ul></li><li>▪ <b>Family history:</b><ul style="list-style-type: none"><li>– Known family history of bleeding disorder</li></ul></li><li>▪ <b>Physical examination</b><ul style="list-style-type: none"><li>– Vital signs: HR, BP</li><li>– Assess for pallor</li><li>– Septal source – anterior septal irritation, prominent vessels</li><li>– Foreign body</li><li>– Mass</li><li>– Assess for signs of systemic illness: petechiae, mucocutaneous telangiectasias or hemangiomas, lymphadenopathy, hepatosplenomegaly</li></ul></li></ul> <p><b>INITIAL MANAGEMENT:</b></p> <ul style="list-style-type: none"><li>▪ Provide education about acute management of nosebleeds<ul style="list-style-type: none"><li>– Pinch nasal alae to put pressure on bleeding vessel</li><li>– Pinch for 10 minutes</li></ul></li><li>▪ Trial of lubrication to nasal cavity (e.g. saline, saline gel, Bacitracin, Vaseline, bactroban) +/- humidification via humidifier</li><li>▪ Consider discontinuation of medications that may have side of effect of increasing nose bleeds (e.g., nasal steroid sprays, nasal histamine sprays)</li><li>▪ For epistaxis that lasts longer than 15 minutes but no history of easy bruising or other bleeding problems or family history of bleeding disorders or complications, order CBC, PT/INR, PTT, Von Willebrand activity and antigen (some labs call this Ristocetin cofactor), and factor 8 activity. If normal, no further evaluation is typically necessary.</li><li>▪ Epistaxis Caregiver Handout (<a href="#">See Appendix A: Family Handout</a>)</li></ul>		
<b>WHEN TO REFER</b>	<table><tr><td data-bbox="302 1543 993 1894"><p><b>URGENT REFERRAL TO ENT:</b></p><ul style="list-style-type: none"><li>▪ Uncontrolled epistaxis, nasal foreign body (Call for guidance on ED vs. urgent office visit)</li></ul><p><b>SEMI-URGENT REFERRAL TO ENT (within 48 hours):</b></p><ul style="list-style-type: none"><li>▪ Suspected mass/lesion</li></ul><p><b>ROUTINE REFERRAL TO ENT (within 4 weeks):</b></p><ul style="list-style-type: none"><li>▪ Epistaxis not responsive to initial treatment with nasal lubrication and humidification</li><li>▪ Persistent unilateral nosebleed</li></ul></td><td data-bbox="993 1543 1611 1894"><p><b>ROUTINE REFERRAL TO HEMATOLOGY (within 4 weeks):</b></p><ul style="list-style-type: none"><li>▪ Significant epistaxis with personal history of easy bruising or bleeding problems, or history of bleeding problems in a first-degree relative</li><li>▪ Abnormal lab results</li></ul></td></tr></table>	<p><b>URGENT REFERRAL TO ENT:</b></p> <ul style="list-style-type: none"><li>▪ Uncontrolled epistaxis, nasal foreign body (Call for guidance on ED vs. urgent office visit)</li></ul> <p><b>SEMI-URGENT REFERRAL TO ENT (within 48 hours):</b></p> <ul style="list-style-type: none"><li>▪ Suspected mass/lesion</li></ul> <p><b>ROUTINE REFERRAL TO ENT (within 4 weeks):</b></p> <ul style="list-style-type: none"><li>▪ Epistaxis not responsive to initial treatment with nasal lubrication and humidification</li><li>▪ Persistent unilateral nosebleed</li></ul>	<p><b>ROUTINE REFERRAL TO HEMATOLOGY (within 4 weeks):</b></p> <ul style="list-style-type: none"><li>▪ Significant epistaxis with personal history of easy bruising or bleeding problems, or history of bleeding problems in a first-degree relative</li><li>▪ Abnormal lab results</li></ul>
<p><b>URGENT REFERRAL TO ENT:</b></p> <ul style="list-style-type: none"><li>▪ Uncontrolled epistaxis, nasal foreign body (Call for guidance on ED vs. urgent office visit)</li></ul> <p><b>SEMI-URGENT REFERRAL TO ENT (within 48 hours):</b></p> <ul style="list-style-type: none"><li>▪ Suspected mass/lesion</li></ul> <p><b>ROUTINE REFERRAL TO ENT (within 4 weeks):</b></p> <ul style="list-style-type: none"><li>▪ Epistaxis not responsive to initial treatment with nasal lubrication and humidification</li><li>▪ Persistent unilateral nosebleed</li></ul>	<p><b>ROUTINE REFERRAL TO HEMATOLOGY (within 4 weeks):</b></p> <ul style="list-style-type: none"><li>▪ Significant epistaxis with personal history of easy bruising or bleeding problems, or history of bleeding problems in a first-degree relative</li><li>▪ Abnormal lab results</li></ul>		

<b>HOW TO REFER</b>	<p><b>Referral to ENT or Hematology (as noted above) via CT Children’s One Call Access Center</b>  <b>Phone: 833.733.7669 Fax: 833.226.2329</b>  For more information on how to place referrals to Connecticut Children’s, click <a href="#">here</a>.</p> <p><b><i>Information to be included with the referral:</i></b></p> <ul style="list-style-type: none"> <li>▪ Pertinent notes and laboratory results</li> </ul>	
<b>WHAT TO EXPECT</b>	<p><b><u>What to expect from CT Children’s ENT Visit:</u></b></p> <ul style="list-style-type: none"> <li>▪ History, physical exam</li> <li>▪ Possible flexible fiberoptic nasopharyngoscopy</li> <li>▪ Possible recommendation for cautery</li> </ul>	<p><b><u>What to expect from CT Children’s Hematology Visit:</u></b></p> <ul style="list-style-type: none"> <li>▪ History, physical exam</li> <li>▪ Evaluation of prior labs if available</li> <li>▪ Additional bloodwork if needed</li> </ul>