

CT Children's CLASP Guideline

Epistaxis

INTRODUCTION	<p>Epistaxis is common in children and most frequently results from trauma to Kesselbach's plexus in the anterior septum. Dryness can lead to itching which can cause trauma or irritation in this area. Another common cause is related to allergic rhinitis. Other causes for epistaxis include coagulopathy, foreign body, or very rarely, tumors such as juvenile nasopharyngeal angiofibroma.</p> <p>Epistaxis is rare in children < 2 years, and should raise suspicions of trauma or systemic illness.</p>	
INITIAL EVALUATION AND MANAGEMENT	<p>INITIAL EVALUATION:</p> <ul style="list-style-type: none"> ▪ History of current & prior episodes <ul style="list-style-type: none"> – Number, frequency, duration, seasonal pattern – Unilateral versus bilateral ▪ Patient medical history: <ul style="list-style-type: none"> – Bleeding from other sites, i.e. gums, skin, urinary or GI tract – Seasonal allergies ▪ Family history: <ul style="list-style-type: none"> – Known family history of bleeding disorder ▪ Physical examination <ul style="list-style-type: none"> – Vital signs: HR, BP – Assess for pallor – Septal source – anterior septal irritation, prominent vessels – Foreign body – Mass – Assess for signs of systemic illness: petechiae, mucocutaneous telangiectasias or hemangiomas, lymphadenopathy, hepatosplenomegaly <p>INITIAL MANAGEMENT:</p> <ul style="list-style-type: none"> ▪ Provide education about acute management of nosebleeds <ul style="list-style-type: none"> – Pinch nasal alae to put pressure on bleeding vessel – Pinch for 10 minutes ▪ Trial of lubrication to nasal cavity (saline, saline gel, Bacitracin) +/- humidification via humidifier ▪ 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, vonWillebrands activity and antigen. If normal, no further evaluation is typically necessary. 	
WHEN TO REFER	<p>URGENT REFERRAL TO ENT:</p> <ul style="list-style-type: none"> ▪ Uncontrolled epistaxis, nasal foreign body. (Call for guidance on ER vs. urgent office visit) <p>SEMI-URGENT REFERRAL TO ENT (within 48 hours):</p> <ul style="list-style-type: none"> ▪ Suspected mass/lesion <p>ROUTINE REFERRAL TO ENT (within 4 weeks):</p> <ul style="list-style-type: none"> ▪ Epistaxis not responsive to initial treatment with nasal lubrication and humidification. 	<p>ROUTINE REFERRAL TO HEMATOLOGY (within 4 weeks):</p> <ul style="list-style-type: none"> ▪ Significant epistaxis with personal history of easy bruising or bleeding problems, or history of bleeding problems in a first-degree relative ▪ Abnormal lab results
HOW TO REFER	<p>Referral to ENT or Hematology (as noted above) via CT Children's One Call Access Center Phone: 833.733.7669 Fax: 833.226.2329 Information to be included with the referral:</p> <ul style="list-style-type: none"> ▪ Pertinent notes and laboratory results 	
WHAT TO EXPECT	<p>What to expect from CT Children's ENT Visit:</p> <ul style="list-style-type: none"> ▪ History, physical exam ▪ Possible flexible fiberoptic nasopharyngoscopy ▪ Possible recommendation for cautery 	<p>What to expect from CT Children's Hematology Visit:</p> <ul style="list-style-type: none"> ▪ History, physical exam ▪ Evaluation of prior labs if available ▪ Additional bloodwork if needed