Approved 9/2/26, Effective 1/15/27, replaces all prior versions

9C – EPISTAXIS ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Epistaxis control
2. Vital signs

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMD

NOSEBLEED CONTROL
PINCH ENTIRE SOFT PART OF NOSE
(RIGHT UNDER NASAL BONE)
HOLD FIRMLY UNTIL HELP ARRIVES
HAVE PATIENT SIT FORWARD AND KEEP STILL
DO NOT SNIFF OR BLOW

EMR / EMT

GENERAL SUPPORTIVE CARE (MEDICAL PT) OR TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE (TRAUMA PT)
HISTORY TO INCLUDE IF PT TAKING ANTIPLATELET AGENT (eg. ASPIRIN) OR ANTICOAGULANT (eg. WARFARIN)

NOSEBLEED CONTROL
POSITION PATIENT SO BLOOD IS NOT SWALLOWED OR ASPIRATED
PINCH ENTIRE SOFT PART OF NOSE RIGHT UNDER NASAL BONE – MAY APPLY NOSE CLAMP TO ASSIST
WITH PROLONGED APPLICATION OF DIRECT PRESSURE
IF STILL BLEEDING, HAVE PATIENT BLOW THEIR NOSE TO CLEAR BLOOD CLOTS FROM NASAL PASSAGE
HEMOSTATIC DRESSING IN ANTERIOR NOSTRIL(S) IF INDICATED

OBTAIN VITAL SIGNS

EMT OR HIGHER LICENSE:
ADULT & PEDIATRIC OLDER THAN 12 YEARS OF AGE: PHENYLEPHRINE SPRAY 2 SPRAYS IN AFFECTED NOSTRIL(S)
COMPRESS NOSE IMMEDIATELY AFTER ADMINISTRATION OF PHENYLEPHRINE SPRAY
ADULT: IF BLEEDING CONTINUES AFTER PHENYLEPHRINE TRANEXAMIC ACID (TXA) UPTO 2mL IN & PLACE NOSE CLAMP

EMT-I85 / AEMT

IV ACCESS
ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg
REPEAT UP TO 60 mL/kg IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)