

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Treatment Protocol
NOSEBLEED COMPLAINT

Initial Date: December 14, 2020

Revised Date:

Section 11-80

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for CIP paramedics to assess a patient with a nosebleed, provide initial treatment and differentiate between the patients who will require ED evaluation vs, alternatives such as treatment on scene or at alternative destinations.

- I. Follow **CIP Patient General Assessment and Care protocol**
- II. On scene treatment for patients who are actively bleeding upon initial evaluation
 - a. Have patient blow nose to remove clots
 - b. Provide direct pressure to the nose for 10-15 minutes while preventing swallowing of blood as this may irritate the stomach
 - c. CAUTION – if posterior source suspected at any time during treatment initiate 9-1-1 for immediate transport and begin/continue treatment
- III. Obtaining additional history including the following:
 - a. Time of onset of current nosebleed
 - b. Mechanism or cause of nosebleed (use of oxygen without humidification, digital trauma, foreign body, spontaneous)
 - c. History of previous nosebleeds and treatment required
 - d. Use of medication which may affect treatment of nosebleed such as Aspirin or systemic anticoagulants (Lovenox, Coumadin, other novel oral anticoagulants, etc.).
 - e. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, etc.).
- IV. Diagnostics to consider
 - a. Hgb
 - b. PT/INR.
- V. Patients with any of the following, consider transport to ED **see CIP Medical Direction protocol:**
 - a. Significant trauma
 - b. B. Continued bleeding despite treatment (consider possibility of posterior nosebleed)Systemic symptoms
 - c. Vital sign changes or instability
 - d. Significant lab abnormalities
 - e. Altered level of consciousness
- VI. On-scene medication administration and treatment may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
 - b. If still actively bleeding provide direct pressure for an additional 10-15 minutes.
 - i. Consider the administration of the following:
 1. Oxymetazoline (Afrin) 2-3 sprays in the affected nostril
(medication is single patient use)

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- a. Do not use in patients less than 6 years old
 - b. Do not leave oxymetazoline (Afrin) with patient
 - ii. If bleeding is still active **see CIP Medical Direction protocol**
 - iii. Consider nasal packing see **CIP Nasal Packing and Nasal Packing Removal protocol**
 - c. Once bleeding has stopped consider the following for prevention of rebleeding
 - i. bacitracin
 - 1. Apply just inside the infected nostril
 - ii. saline ointment
 - iii. Saline nasal spray if available
- VII. Counsel/Educate
- a. Self-treatment options
 - b. Prevention