

I. General Considerations

- A. The primary concern is maintenance of an adequate airway and ventilation. Swallowed blood frequently causes nausea, so anticipate vomiting and the potential for aspiration.
 - B. Consider traumatic causes and protect the spine as indicated.
 - C. Consider hypertension as a factor.
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II. History

Perform a focused history and physical exam with particular attention to:

- A. Determine onset, progression and duration of the nosebleed.
 - B. Is there co-existing chest pain, trouble breathing, headache?
 - C. Does the patient have high blood pressure, cardiovascular disease, nosebleeds, or bleeding from other areas (e.g., gums, skin bruises, rectal or urinary bleeding)?
 - D. Is there history of trauma (force to face or nose picking)?
 - E. Has the patient experienced lightheadedness or dizziness upon sitting or standing?
 - F. Is patient taking medications such as aspirin, Coumadin, steroids, or medication to control blood pressure?
 - G. Has the patient inhaled medications or drugs through the nose?
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III. Physical Exam

- A. Perform an initial assessment.
 - B. Perform a focused history and physical exam with particular attention to:
 - 1. Examine the skin - is there any bruising?
 - 2. Is there evidence of head or neck trauma?
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IV. Treatment**Basic**

- A. Establish an airway, maintain as indicated; suction as needed.
- B. Administer high concentration oxygen.
- C. If the nose is still bleeding, have the patient blow his nose to remove clots and then pinch the nostrils together.
- D. Transport in position of comfort (often sitting up, leaning forward).

Intermediate

- E. Secure IV access if still bleeding.

Paramedic

- F. Assess and monitor the cardiac rhythm; treat arrhythmias/dysrhythmias per applicable protocols.
- G. If hypertensive, seek medical direction for consideration of either or both:
 - 1. *Nitroglycerin 0.4 mg sublingual*
 - 2. *Furosemide 20 - 80 mg slow IV push.*