A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

<table>
<thead>
<tr>
<th>Date of publication:</th>
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<tbody>
<tr>
<td>Review date:</td>
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<tr>
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<td>1</td>
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Epistaxis is a common childhood complaint and is normally benign and self-limiting. Epistaxis in children is most commonly caused by minor trauma such as nose picking. Alternative diagnosis to consider include recent URTI, allergic rhinitis, nasal foreign body and more rarely bleeding disorders. Epistaxis is unusual in children under the age of two and alternative diagnosis should be considered. Most bleeding occurs anteriorly from Little’s area.

**Assessment**

**History**
- Length of bleeding (if > 30 mins despite appropriate 1st aid then consider coagulopathy)
- Side of bleeding
- Periodicity of episodes (how many weeks/ months)
- Frequency of episodes
- Associated nasal discharge (if unilateral consider foreign body)
- History of nasal trauma (old or new)
- Bleeding from other sites
- Past history of easy bruising/ bleeding problems/ haematological abnormality/malignancy
- Family history of bleeding disorders
- Medications e.g. warfarin, nasal corticosteroids.

**Management**

ABC approach with resuscitation as appropriate.

See flow diagram below for specific management options.
**Simple Measures**
Apply continuous pressure for 5-10min to anterior nose by pinching between index finger and thumb
Keep sitting up and leaning forward. Encourage to avoid swallowing blood

**Ongoing bleeding**

Ensure adequate pressure was applied correctly
Inspection with good light source to determine point of bleeding. Include inspection of oral cavity

**Consider application of vasoconstrictors.**
- Lidocaine (5%) & Phenylephrine (0.5%) spray
  (See end of document for dosing guidance)

**Ongoing bleeding**

Consider cautery with silver nitrate stick if clear bleeding point and compliant child.
Allow time for Lidocaine (5%) & Phenylephrine (0.5%) spray to work prior to cauterisation
**Do not cauterize both sides of nasal septum as may lead to perforation**

**Ongoing bleeding**

**Anterior nasal packing of bleeding side**
Use nasal tampon lubricated with water-soluble gel
Remember nasal cavity runs backwards along roof of the mouth rather than upwards.
Tape to side of cheek.
IV access with FBC, coag and group and save.
If continued bleeding consider additional packing of opposite side.

**Discharge**
No routine follow up
Naseptin BD to both nostrils for four weeks.
If allergic to naseptin (peanut based) use bactroban BD for four weeks
Advise against nose picking and nose blowing
Discharge letter to GP to recommend ENT referral at 6 weeks if no improvement in symptoms.

**If nose packed or ongoing bleeding then patient requires urgent ENT review**
### Dosing Guidance for topical application of Lidocaine (5%) & Phenylephrine (0.5%) spray.

<table>
<thead>
<tr>
<th>Age</th>
<th>Estimated or actual Weight (kg)</th>
<th>Maximum number of sprays</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
<td>1</td>
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<tr>
<td>3</td>
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<td>10</td>
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<td>5</td>
</tr>
<tr>
<td>11</td>
<td>40</td>
<td>6</td>
</tr>
<tr>
<td>12+</td>
<td>43+</td>
<td>Max 8</td>
</tr>
</tbody>
</table>

#### Age Formula

- **0-12 months**
  \[
  \text{Weight (in kg)} = (0.5 \times \text{age in months}) + 4
  \]

- **1-5 years**
  \[
  \text{Weight (in kg)} = (2 \times \text{age in years}) + 8
  \]

- **6-12 years**
  \[
  \text{Weight (in kg)} = (3 \times \text{age in years}) + 7
  \]

#### Instructions for use:

Prime spray nozzle after attachment by spraying 3 times before administering to patient.

**For Epistaxis**

Can be sprayed onto a cotton wool ball and applied up nostril or sprayed directly to point of bleeding.

**For Tonsillar bleeding**

Spray directly on to point of bleeding.