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.

1. Follow CIP Patient General Assessment and Care protocol
2. On scene treatment for patients who are actively bleeding upon initial evaluation
   1. Have patient blow nose to remove clots
   2. Provide direct pressure to the nose for 10-15 minutes while preventing swallowing of blood as this may irritate the stomach
   3. CAUTION – if posterior source suspected at any time during treatment initiate 9-1-1 for immediate transport and begin/continue treatment
3. Obtaining additional history including the following:
   1. Time of onset of current nosebleed
   2. Mechanism or cause of nosebleed (use of oxygen without humidification, digital trauma, foreign body, spontaneous)
   3. History of previous nosebleeds and treatment required
   4. Use of medication which may affect treatment of nosebleed such as Aspirin or systemic anticoagulants (Lovenox, Coumadin, other novel oral anticoagulants, etc.).
   5. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, etc.).
4. Diagnostics to consider
   1. Hgb
   2. PT/INR.
5. Patients with any of the following, consider transport to ED see CIP Medical Direction protocol:
   1. Significant trauma
   2. B. Continued bleeding despite treatment (consider possibility of posterior nosebleed)Systemic symptoms
   3. Vital sign changes or instability
   4. Significant lab abnormalities
   5. Altered level of consciousness
6. On-scene medication administration and treatment may include:
   1. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
   2. If still actively bleeding provide direct pressure for an additional 10-15 minutes.
      1. Consider the administration of the following:
         1. Oxymetazoline (Afrin) 2-3 sprays in the affected nostril (medication is single patient use)
            1. Do not use in patients less than 6 years old
            2. Do not leave oxymetazoline (Afrin) with patient
      2. If bleeding is still active see CIP Medical Direction protocol
      3. Consider nasal packing see CIP Nasal Packing and Nasal Packing Removal protocol
   3. Once bleeding has stopped consider the following for prevention of rebleeding
      1. bacitracin
         1. Apply just inside the infected nostril
      2. saline ointment
      3. Saline nasal spray if available
7. Counsel/Educate
   1. Self-treatment options
   2. Prevention