

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Procedure Protocol

NASAL PACKING PLACEMENT AND REMOVAL

Initial Date: November 13, 2020

Revised Date:

Section 11-32

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: Provide guidelines for CIP paramedics to place and/or remove anterior nasal packing as approved by the MCA.

Aliases: Rhino rockets, nasal tampons

- I. ☒ Anterior Nasal Packing Placement (optional)
 - a. Indications
 - i. Nasal packing for nosebleeds that have not been controlled by lesser measures **see CIP Non-Traumatic Nosebleed protocol**
 - b. Contraindications
 - i. Nosebleeds caused by trauma
 - c. Equipment
 - i. MCA approved manufactured nasal packing that includes manufacturer recommendations for placement and usage
 - d. Procedure
 - i. Obtain medical direction prior to procedure
 - ii. Follow manufacturer's directions for placement
 - iii. Remain with patient for 30 minutes to assure bleeding has stopped
 1. If bleeding has not stopped activate 9-1-1 for transport to an emergency department
 - iv. Arrange for follow-up with PCP within 24-48 hours.
 1. If follow-up with PCP cannot be made within 24-48 hours schedule CIP follow-up within 24 for nasal packing removal.
 - e. Documentation **see CIP Documentation protocol**
- II. ☒ Anterior Nasal Packing Removal (optional)
 - a. Indications
 - i. Nasal packing has been in place for 24-48 hours
 - b. Contraindications
 - i. Active bleeding
 - c. Equipment
 - i. Syringe
 - d. Procedure
 - i. Obtain medical direction prior to procedure
 - ii. Evaluate for presence of balloon
 - iii. Deflate balloon completely with appropriate size syringe
 - iv. Gently pull the strings attached to the packing until packing is completely removed
 - v. Observe patient for 5 minutes to ensure bleeding does not reoccur.



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1. If bleeding reoccurs **see CIP Non-Traumatic Nosebleed protocol**
 - e. Documentation **see CIP Documentation protocol**