Priority Topic: **EPISTAXIS**

### Key Features:
For a single source on this topic: Update on Epistaxis RACGP 2015

1. Through history and/or physical examination, assess the hemodynamic stability of patients with epistaxis.
   - vital signs and ABC’s

2. While attending to active nose bleeds, recognize and manage excessive anxiety in the patient and accompanying family.
   ✓ Just do it!

3. In a patient with an active or recent nosebleed, obtain a focused history to identify possible etiologies (e.g., recent trauma, recent upper respiratory infection, medications).

**What you should study:**
✓ Update on Epistaxis RACGP 2015

4. In a patient with an active or recent nosebleed,
   a) Look for and identify anterior bleeding sites,
   b) Stop the bleeding with appropriate methods.

**What you should study:**
✓ Management of Epistaxis AAFP 2005
✓ Recurrent epistaxis in children AAFP 2014
✓ EM Cases Episode 38: ENT Emergencies - Epistaxis is the first emergency
5. In a patient with ongoing or recurrent bleeding in spite of treatment, consider a posterior bleeding site.

**What you should study:**

- Management of Epistaxis AAFP 2005
- Update on Epistaxis RACGP 2015

6. In a patient with a nosebleed, obtain lab work **only for specific indications** (e.g., unstable patient, suspicion of a bleeding diathesis, use of anticoagulation)

**What you should study:**

- Management of Epistaxis AAFP 2005
- Update on Epistaxis RACGP 2015

7. In a patient with a nosebleed, provide **thorough aftercare instructions** (e.g., how to stop a subsequent nose bleed, when to return, humidification, etc.)

**What you should study:**

- Patient information on Nosebleeds CFPC 2015