

HEALTH TIPS FOR THE MONTH OF SEPTEMBER 2016

EPISTAXIS

OR

NOSE BLEEDING

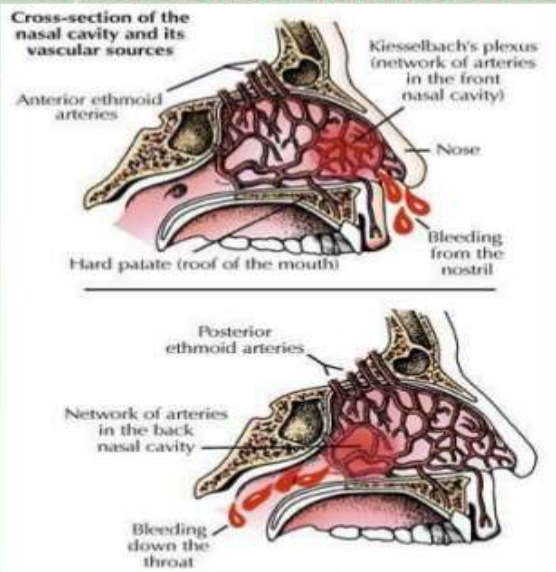
AND ITS MANAGEMENT

Nosebleeds can be dramatic and frightening. The majority of nosebleeds arise from small blood vessels located in the front of the nasal passages can be managed easily.

Types of nosebleeds

1. Anterior nosebleeds (front on the nose) make up > 90% of all nosebleeds, easy to control.

Classification of epistaxis



- Anterior epistaxis
 - Blood comes out through the nostrils
- Posterior epistaxis
 - Blood flows back into the throat.
 - Coffee coloured vomitus

2. Posterior nosebleeds (back of the nose) are much less common occurs more often in elderly people. It comes from an artery in the back part of the nose, more complicated and usually require admission to the hospital and management by an otolaryngologist.

Nosebleed causes:

Most nosebleeds are caused by dryness or minor mechanical damage from picking the nose. In children, nosebleeds can occur if they insert objects into the nose. Other factors that predispose to nosebleeds include allergies, upper respiratory infections, nasal allergies, or a chronic sinus condition, blood clotting disorders, cocaine use, alcohol abuse, cigarette smoking. Less commonly, an underlying disease process, such as an inability of the blood to clot or blood thinning drugs such as warfarin (Coumadin) or aspirin. Liver disease can also interfere with blood clotting. Abnormal blood vessels or cancers in the nose are rare causes of nosebleeds.

Nosebleeds tend to occur during winter months and in dry, cold climates. They can occur at any age but are most common in children aged 2 to 10 years and adults aged 50 to 80 years. Nosebleeds from larger vessels are more serious and may be due to high pressure, atherosclerosis, or significant injury to the nose.

Most commonly, trauma to the nose triggers a nosebleed. Trauma to the outside of the nose, such as a blow to the face, or trauma inside the nose.

Common causes of epistaxis

- **Child:** nose picking, foreign body,
exanthematous fever
- **Adolescent:** nasopharyngeal angiofibroma,
trauma, sinusitis
- **Adults:** sinusitis, trauma
- **Elderly:** hypertension, malignancy

Nosebleed Symptoms:

Bleeding usually occurs from only one nostril. If the bleeding is heavy enough, the blood can fill up the nostril on the affected side and overflow within the nasopharynx (the area inside the nose where the two nostrils merge), spilling into the other nostril to cause bleeding from both sides. Blood can also drip back into the throat or down into the stomach, causing a person to spit or even vomit blood. Signs of excessive blood loss include dizziness, light-headedness, confusion, and fainting.

Symptoms

- Nasal bleeding
- Palpitations
- Easy fatigability
- Dizziness
- headache

Nosebleed Care:




Sit upright and lean forward: By remaining upright, reduce blood pressure in the veins of nose. This discourages further bleeding. Sitting forward will help to avoid swallowing blood, which can irritate stomach.

Pinch Nose: Use thumb and index finger to pinch nostrils shut. Breathe through mouth. Continue to pinch for 5 to 10 minutes to the bleeding point on the nasal septum.

If re-bleeding occurs: Blow out forcefully to clear nose of bleed clots and spray both sides of nose with a decongestant nasal spray containing oxymetazoline (Afrin, Mucinex Moisture). Pinch nose again as described above and call doctor.



The Do and Don'ts for First Aid Treatment

DIAGNOSIS		
<p>Nosebleed</p> 	<ul style="list-style-type: none">• Do not lean back.• Leaning back can be harmful as the blood could block the windpipe, blocking the airway.	<ul style="list-style-type: none">• Sit in a comfortable upright position and lean forward slightly.• Then pinch your nose just below the bony nose bridge and above the fleshy lobes of the nostrils until the bleeding is stemmed.• Aftercare: Once the bleeding is controlled, do not blow your nose as this might dislodge the clot and make you bleed again.

When to seek medical care?

- Bleeding lasts for more than 10 minutes
- Nosebleed follows an accident, a fall or an injury to head, including a punch in the face that may have broken nose.
- Dizzy or light-headed or feel like going to pass out.
- Rapid heartbeat or trouble breathing.
- Coughing up or vomiting blood.
- Rash or temperature > 101.4 degree F (38.5 degree C).
- Repeated episodes of nosebleeds over a short time.
- Taking blood thinners, such as aspirin or warfarin (Coumadin, Jantoven) .

After the bleeding has stopped

- Try to prevent any irritation to the nose, such as sneezing, nose picking, bending down and nose blowing for 24 hours.
- Keep the head higher than the heart level.
- Ice packs do not help. Expose to dry air, such as in a heated home in the winter, can contribute to the problem, so add moisture to the air with a humidifier or vaporizer or place a pan filled with water near a heat source, such as a radiator, which allows the water to evaporate and adds moisture to the air.

Nosebleed Prevention:

- Most nosebleeds occur during the winter in cold, dry climates. If prone to nosebleeds, use a humidifier in home. Use petroleum jelly (Vaseline), an over-the-counter nasal lubricant spray, or a saline nasal spray to keep nasal passages moist.
- Avoid picking nose or blowing nose too vigorously.
- If the nosebleed is related to another medical condition, such as liver disease, nasal allergies, or a chronic sinus condition, follow the doctor's instructions to keep that problem under control.
- Stop smoking. Smoking contributes to nasal dryness and irritation.

MEDICAL TEAM

JSS INTERNATIONAL SCHOOL

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