

## BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

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### EAR, NOSE & THROAT

Patients often ask how to stop nosebleeds.

Reassure that most episodes can be self-managed.

Treatment. Advise sitting upright...leaning FORWARD to limit swallowing or aspirating blood...and pinching the nose shut at the soft spot below the bridge for 10 to 15 minutes.

If that's not enough, suggest 2 to 3 sprays of oxymetazoline (*Afrin*, etc) in the bleeding nostril...and repeating the steps above. Applying cold compresses to the nose may also constrict blood vessels.

Tell patients NOT to pack the nose with tissues, gauze, or tampons...these can cause rebleeding when removed. And there's no evidence of benefit for OTCs, such as *BleedCease* or styptic pencils.

Send patients to the ED for nosebleeds lasting longer than 30 minutes...bleeding due to trauma...or other more serious bleeding.

Keep in mind, nosebleeds might be more common with high BP. But a nosebleed alone is not an indication of hypertensive emergency.

Explain that nosebleeds usually aren't a reason to stop antithrombotics. Suggest checking an INR in warfarin patients...and ensure dosing of direct oral anticoagulants (*Eliquis*, etc) is appropriate. Also re-evaluate the need for antiplatelets...and antithrombotic combos.

Prevention. Advise simple changes, such as sneezing with an open mouth to limit pressure on the blood vessels in the nose...and avoiding nose picking and hard nose blowing.

Recommend keeping nasal passages moist...such as using saline nasal spray or gel, petroleum jelly, or a humidifier.

Use this as an opportunity to emphasize smoking cessation if needed. Even secondhand smoke can dry and irritate nasal mucosa.

Look for Rx meds, OTCs, and supplements that may increase bleeding risk...along with interactions. For example, suggest alternatives to NSAIDs, ginkgo, or garlic...or advise stopping them.

And educate patients using a nasal steroid to spray it away from the septum...such as using the RIGHT hand to spray the LEFT nostril.

See our FAQ, *Managing Anticoagulation Patients After a Bleed*, for more on handling "nuisance bleeding." And get our checklist, *Managing Nosebleeds*, to help counsel patients.

(For more on this topic, see Clinical Resource #370607 at [PharmacistsLetter.com](http://PharmacistsLetter.com).)

Reuben A, Appelboam A, Stevens KN, et al. The use of tranexamic acid to reduce the need for nasal packing in epistaxis (NoPAC): randomized controlled trial. *Ann Emerg Med* 2021 Feb 18. doi: 10.1016/j.annemergmed.2020.12.013.

See LEADER NOTES for answers to discussion questions.

## DISCUSSION QUESTIONS

### OVERVIEW OF CURRENT THERAPY

1. What is known about tranexamic acid for treating epistaxis?

### ANALYSIS OF NEW GUIDELINE

2. What type of study was this? How were the patients selected for inclusion?

3. How were the study groups defined?

4. How were the outcomes evaluated?

See [LEADER NOTES](#) for answers to discussion questions.

5. What were the outcomes of this study?

6. What were the strengths and weaknesses of this study?

7. Were the results expressed in terms we care about and can use?

#### HOW SHOULD THE NEW FINDINGS CHANGE CURRENT THERAPY?

8. Do the results change your practice? How?

#### APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

HA is a 47-year-old female who presents to the ED with the chief complaint of an ongoing nosebleed that began after she was blowing her nose at work. She states her nose has been bleeding for over an hour and she's been unable to stop it.

See [LEADER NOTES](#) for answers to discussion questions.

**9. What is first-line management of a nosebleed?**

The bleeding doesn't stop despite continued pressure, application of ice, and 2 sprays of oxymetazoline. Unfortunately, the bleeding site can't be visualized, so cautery isn't a good option to stop the bleed.

**10. What might you consider next to manage HA's nosebleed?**

The additional management stops HA's bleeding. HA says she has nosebleeds fairly frequently and would like to know what she can do to help prevent them in the future.

**11. What are strategies to reduce nosebleeds?**

See [LEADER NOTES](#) for answers to discussion questions.

## REFERENCES

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### **Additional Pharmacist's Letter Resources available at [PharmacistsLetter.com](https://www.pharmacistsletter.com)**

FAQ, Managing Anticoagulation Patients After a Bleed. *Pharmacist's Letter/Prescriber's Letter*. September 2020.

Toolbox, Safe Use of Anticoagulants. *Pharmacist's Letter/Prescriber's Letter*. February 2019.

Toolbox, Appropriate Use of Oral Anticoagulants. *Pharmacist's Letter/Prescriber's Letter*. March 2018.

Algorithm, How to Manage High INRs in Warfarin Patients. *Pharmacist's Letter/Prescriber's Letter*. September 2020.

Chart, Comparison of Anticoagulants. *Pharmacist's Letter/Prescriber's Letter*. December 2019.

Chart, Oral Anticoagulants for A Fib. *Pharmacist's Letter/Prescriber's Letter*. June 2018.

FAQ, Antithrombotics and Valvular Heart Disease: FAQs. *Pharmacist's Letter/Prescriber's Letter*. April 2021.

FAQ, Anticoagulant Use in Cirrhosis Patients. *Pharmacist's Letter/Prescriber's Letter*. July 2019.

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