



Care and Prevention of Nosebleeds

Physicians classify nosebleeds into two types:

1. **Anterior Nosebleed:** The nosebleed that comes from the front part of the nose and begins with a flow of blood out one or the other nostril if the patient is sitting up or standing.
2. **Posterior Nosebleed:** The nosebleed that comes from deep inside the nose and flows down the back of the mouth and throat even if the patient is sitting or standing.

Obviously, if the patient is lying down, even the anterior nosebleed seems to flow in both directions, especially if the patient is coughing or blowing his/her nose.

It is important to try to make the distinction since **posterior nosebleeds are often more severe and frequently require the physician's care**. Posterior nosebleeds are more likely to occur in older people, persons with high blood pressure and in cases of injury to the nose or face. A thorough review of current medications will be performed by the physician to look for any blood thinners such as an anticoagulant and anti-inflammatories.

Nosebleeds in children are almost always of the anterior type. Anterior nosebleeds are common in dry climates or during winter month when the dry air parches the nasal membranes so they crust, crack and bleed. Picking, probing or rubbing adds to the membranes' sensitivity can cause bleeding. Blowing the nose forcefully can contribute to nosebleeds especially if the nasal membrane is already inflamed because of a virus, allergy or bacteria.

Treatment begins by placing a lubricating cream or ointment about the size of a pea on the end of your fingertip or on the end of a Q-tip. Gently rub it up inside the nose, especially in the middle portion (the septum). We suggest any of the following lubricating creams or ointments. All can be purchased without a prescription: AYR gel, Bacitracin Ointment, Neosporin Ointment and Triple Antibiotic Ointment. Application should begin twice daily. In addition to a lubrication ointment, salt water nose drops 4 drops in each nostril 4 times daily will provide additional moisture to prevent recurring bleeding. This can also be purchased without a prescription. A cooler house and vaporizer, to return humidity to the air, help many people with frequent nosebleeds.

The ointment and salt water regimen should continue for at least two weeks.

To Stop An Anterior Nosebleed:

1. Pinch all of the soft parts of the nose together between your thumb and two fingers.
2. Press firmly toward the face compressing the pinched parts of the nose to the facial bone.
3. Hold it for 10 min. (timed by a clock)
4. Keep your head higher than the level of the heart- sit up or lie with the head elevated.
5. Apply ice (crushed in a plastic bag or washcloth) to the nose and cheeks.

To Prevent Re-bleeding After Bleeding Has Stopped:

1. Do not pick or blow nose.
2. Do not strain or bend down to lift anything heavy.
3. Keep head higher than level of heart.

When To Call The Doctor Or Go To A Hospital Emergency Room:

1. IF bleeding cannot be stopped or keeps recurring.
2. IF bleeding is rapid or if blood loss is large
3. IF you feel weak or faint, presumably from blood loss.
4. IF bleeding begins by going down the back of the throat rather than the front of the nose.