Clinical Guideline

EPISTAXIS IN CHILDREN

SETTING
Primary and Secondary Care in Bristol, North Somerset and South Gloucestershire (BNSSG)

FOR STAFF
GPs, Nurse Practitioners, Paediatricians, Emergency Department Practitioners

PATIENTS
Children presenting with nosebleeds 0-16 years

MAIN PRACTICE POINTS

For management and investigations see algorithm below.

The peak age of nosebleeds in children is between two and 10 years

If the child is under two years old there is more likely to be a significant underlying cause, hence there is a much lower threshold for referral.

Most nosebleeds are due to trauma but if they are recurrent or very prolonged it can indicate a bleeding disorder.

In young male patients ask about nasal obstruction, headache, rhinorrhoea and anosmia – signs of a juvenile nasopharyngeal angiofibroma, a highly vascular benign tumour that typically presents in adolescent males.

Child presents with history of nosebleeds

Advise on first aid measures – lean forward with mouth open and pinch on soft part of nose for 10-15 minutes. Avoid blowing/picking nose for 24 hours afterwards if possible

Aged under two years

Ensure no safeguarding concerns

Refer marking it URGENT to ENT OPA where it will be triaged

If child unwell discuss with on-call ENT registrar at Bristol Royal Hospital for Children (BRHC) or refer to Children’s Emergency Department (CED) if suspect underlying systemic problem e.g. clotting disorder.

Aged two to 16 years

If child well and no underlying cause likely, prescribe Naseptin (chlorhexidine and neomycin) cream to apply in nostrils twice daily for 10 days

If the child is allergic to neomycin, peanut or soya do not prescribe Naseptin. Consider prescribing mupiricin nasal ointment to be applied to the nostrils twice daily for 10 days.

If child is unwell discuss with on-call ENT registrar at BRHC or refer to CED if suspect underlying systemic problem e.g. clotting disorder.

If still recurrent (more than four to eight weeks), refer to ENT at Bristol Royal Hospital for Children – they will then be triaged by a Paediatric ENT Consultant. Cautery in Primary Care should only be offered if trained to use silver nitrate cautery and local anaesthetic solution. It should not be done without local anaesthetic.
SAFETY
Cautery in Primary Care should only be offered if trained to use silver nitrate cautery and local anaesthetic solution. It should not be done without local anaesthetic.

QUERIES
Paediatric ENT Department.