When To Seek Medical Help

You should seek medical attention if:

- Bleeding continues after 20 minutes of applying pressure
- You feel dizzy, faint, or are vomiting blood
- You're on anticoagulant (blood-thinning) medication
- You're experiencing frequent or unexplained nosebleeds
- The person affected is under 2 years old without obvious injury
- You are bleeding large amounts or it is coming from the back of the nose
- In an emergency, call 999 or go to your nearest emergency department

Treatment in Hospital

If first aid does not stop the bleeding, medical options in the hospital may include:

- Cauterisation: Sealing the bleeding vessel using a special chemical (e.g. silver nitrate)
- Nasal packing: Inserting gauze or a balloon device to apply pressure from within
- Observation and blood tests: Especially if blood loss is significant or you're on blood- thinning medication
- ENT referral: For difficult-to-manage nosebleeds, you may be referred to the Ear, Nose and Throat (ENT) doctors

Emergency Department Online

NOSEBLEEDS (EPISTAXIS)

You have been seen in the Emergency Department because of nosebleeds (epistaxis). This information leaflet explains what nosebleeds are, what causes them, what to expect, and when you should seek further medical help.

What is a nosebleed?

Nosebleeds are common and usually easily treated with simple first-aid measures. However, some people may experience more significant and difficult to manage nosebleeds. This information leaflet will explain the causes of nosebleeds, what first-aid measures you can perform at home, and when to seek medical advice.

Common causes

The medical term for a nosebleed is epistaxis. The bleeding most commonly comes from the front (anterior) part of the nose from small blood vessels in the nasal septum (the part of the nose which divides both nostrils). Less commonly, the bleeding can come from the back (posterior) of the nose.

Anterior Nosebleeds (Front of the nose most common type)	**Posterior Nosebleeds (Towards the back of the nose less common and more concerning)**
Nose-picking or excessive nose-blowing	High blood pressure
Cocaine use	Blood-thinning medications (such as aspirin and anticoagulants)
Colds, hay fever, or sinus infections	Blood clotting disorders
Dry air and changes in humidity or temperature, causing the inside of the nose to become dry and cracked	Recent nasal or sinus surgery
Foreign bodies (usually in young children) or minor injuries	Facial or head trauma

What to do during a nosebleed (first aid)

Follow these steps to control bleeding:

1. Sit upright and lean slightly forward to avoid swallowing blood
2. Firmly pinch the soft part of your nose (just above the nostrils) using your thumb and index finger
3. Maintain pressure for 10 to 15 minutes without letting go
4. Breathe through your mouth and stay calm.
5. Applying a cold compress (e.g. wrapped ice pack or frozen peas) to the bridge of the nose may help

Do not lie down or tilt your head back – this can increase pressure in the nose and cause blood to flow into your throat.

Aftercare Advice

To reduce the risk of further bleeding:

- Avoid blowing or picking your nose for at least 24–48 hours
- Avoid strenuous exercise, heavy lifting, smoking, hot drinks and alcohol for a few days
- You may be advised to apply Vaseline or a prescribed nasal ointment to keep the skin moist