Nosebleeds (Epistaxis) in Children

Nosebleeds are common in children. Most nosebleeds in kids start from small blood vessels in the anterior (front) nasal septum or floor of the nose (see diagram on the back of this page). They may occur on one side or both sides of the nose.

Blood may drip from the front of the nose and sometimes drip down the back of the throat if the head is tipped backward or if the bleeding is severe. Most nosebleeds happen because the blood vessels on the surface of the membranes in the nose become dry or irritated. This makes the blood vessels in the membranes more likely to open and bleed.

Some children with prolonged nosebleeds may have bleeding disorders such as hemophilia, von Willebrand's disease or other clotting problems. These conditions affect normal clotting and are sometimes discovered because of the development of nosebleeds. Vary rarely in kids, nosebleeds can occur in the back of the nose or can be a sign of a more serious condition affecting clotting.

Management of Nosebleeds in Children

In the majority of children, a few simple things can be done to decrease the frequency of nosebleeds or sometimes eliminate them. Here are a few things you can do to help control your child's nosebleeds:

1. Avoid placing anything into your child's nose. This includes fingers, tissue paper, paper towels. These things cause more irritation to the delicate nasal tissues and worsen bleeding. Keep child's fingernails short.
2. Avoid giving pain medications –such as for headaches- that affect clotting. These include ibuprofen, motrin, aleve, asprin, advil. These medications affect a person's ability to stop any bleeding that starts. Tylenol (acetominophen) products are OK and will not affect clotting.
3. If a nosebleed occurs, pinch together the soft part of the nose for 5 minutes and keep the child's head upright (see below). Pinching puts pressure directly on the location of the small vessels in the front of the nose that are bleeding.
4. If bleeding continues after pinching for 5 minutes, apply 2 squirts of Afrin or Neosynephrine and then pinch again for 5 minutes. These medications are available over-the -counter and will help stop the bleeding faster. Do not use these medications every day and do not use for more than 3 days in a row.
5. Your doctor may prescribe an antibiotic ointment to use inside of the front part of the nose – nasal septum and floor of the nose- twice a day for one month and then at bedtime after this. This will help keep the nasal membranes moist and help heal any irritated areas. Water based are best such as Bactroban.
6. A cool mist humidifier may be helpful to add moisture to the air, especially in the winter.
7. If nosebleeds are severe and do not stop with pressure, sometimes a nasal pack has to be placed to stop the bleeding. While the pack is in place, usually for a few days, your child will be placed on an antibiotic to prevent infection.

While sitting with head upright, pinch the soft part of the nose to stop the bleeding.

What if the nosebleeds continue?

Sometimes despite your best efforts, nosebleeds may continue. Sometimes other tests or treatments may be recommended.:

1. Your doctor may recommend nasal septal cautery. This is a procedure used to seal the blood vessels closed and help prevent future bleeding. This can be done using a special medication called Silver Nitrate or it may be accomplished using surgical electrocautery in the operating room. Ask your doctor if cautery may be needed in your child.
2. If nosebleeds are severe, sometimes special blood work will be done to check for any clotting problems that may contribute to bleeding. Your doctor will give you a lab prescription for these tests to check for other factors that may be responsible for the bleeding.
3. Sometimes "nasal endoscopy" may be done to look into the nose, either in the office or operating room . This will be done to check for the bleeding spots in the front and in the back of the nose. Your doctor will talk to you about this procedure if needed.

Questions? Please feel free to discuss any questions you may have with your doctor or practitioner.

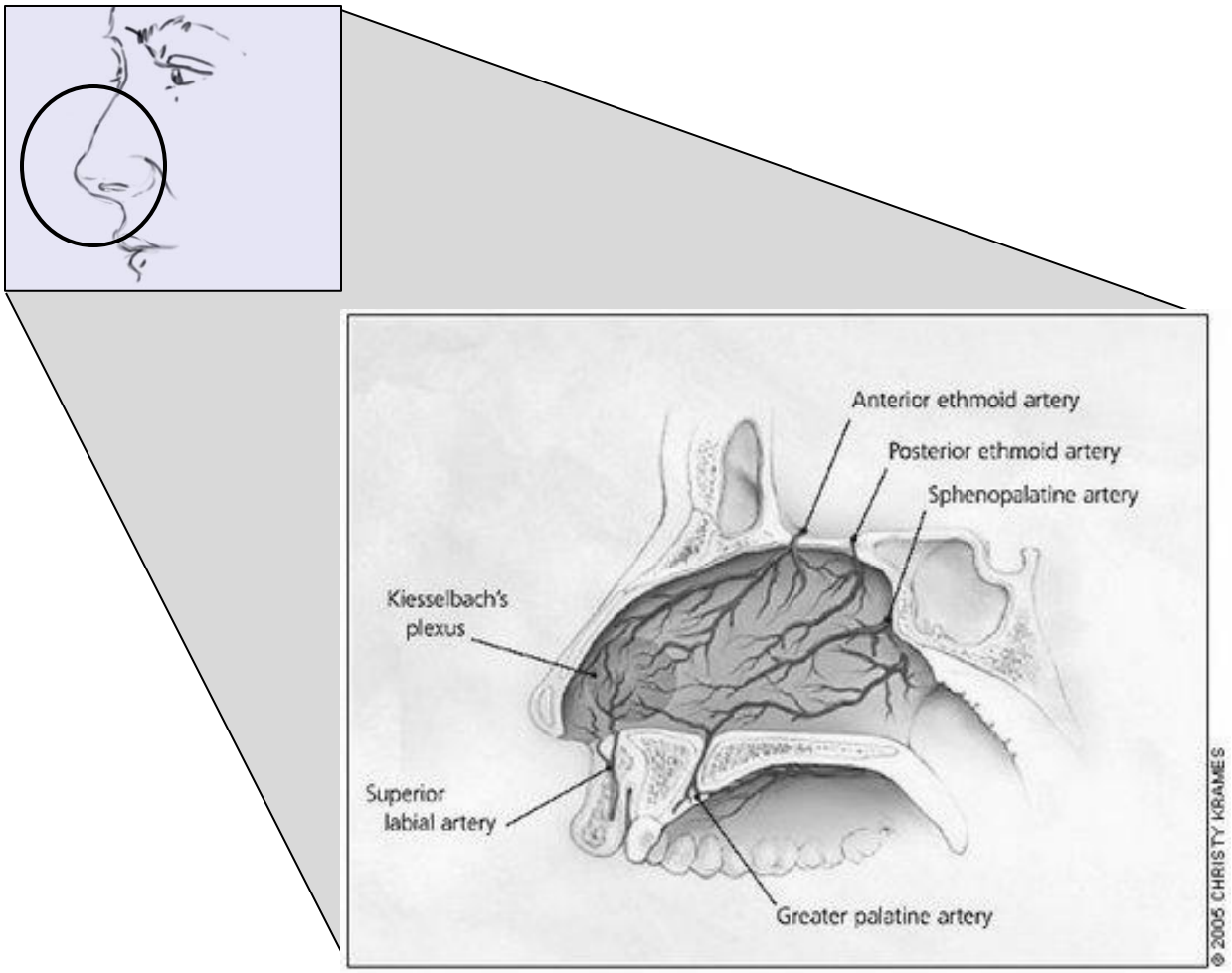

Figure 1. Vascular anatomy of nasal septal blood supply.