

Nosebleed

McKenzie Pediatrics (Jan 2010)

Nosebleeds (epistaxis) are very common throughout childhood. They are usually caused by dryness of the nasal lining combined with normal rubbing and picking or vigorous nose blowing. Children with nasal allergies are more susceptible to nosebleeds due to chronic irritation of the nasal lining and itchy nose.

Treatment

- Gently squeeze the soft lower parts of the nose against the center wall for 10 minutes. Apply continuous pressure and if bleeding continues, move your point of pressure. Have your child lean forward and spit out any blood.
- If this fails, insert a piece of gauze saturated with decongestant nose drops (e.g. Afrin®) then repeat the process of squeezing the nose for 10 minutes. Leave the gauze in for another 10 minutes before removing it.
- Most nosebleeds will stop after 10 minutes of direct pressure if the parent is pressing on the right spot. After swallowing blood from a nosebleed, your child may vomit a little blood the same day or pass a dark stool the next day.
- Call our office if:
 - bleeding does not stop after 20 minutes of direct pressure applied correctly
 - nosebleeds gets worse, or are becoming more frequent
 - your child faints, feels dizzy or large amount of blood has been lost
 - your child has nosebleeds with skin bruises or bleeding gums not caused by injury
 - your child has 3 or more nosebleeds in 24 hours despite direct pressure applied correctly

Prevention

- Apply small amount of petroleum jelly twice a day to the center wall of the nose.
- Use a humidifier to keep the nose from drying out.
- If your child has nasal allergies, taking antihistamines (e.g. Loratadine) daily will help. The physician might also prescribe a nasal steroid spray for regular use.

(Adapted from AAP Guideline)