First-aid treatment of epistaxis – confirmation of widespread ignorance

David Strachan, James England

Summary
A survey of 500 members of the public was carried out in which they were asked how they would deal with a nose bleed. Only 50 out of 443 responses were judged as being correct, confirming a clinical impression, long held by those dealing with epistaxis, that there is a high level of ignorance as to the correct first aid treatment. The survey also suggested that the lack of knowledge was not confined to the general public but evident in those trained in healthcare.

Keywords: epistaxis; first-aid treatment

Epistaxis is the most common acute otolaryngological complaint. The exact incidence is uncertain with reports of between 10 and 60% of the population having suffered at least one significant episode.1-3 It is beyond doubt that the problem of epistaxis constitutes a significant amount to the workload of both hospital Accident and Emergency departments and Otolaryngological departments.

Whilst some nose bleeds may require active intervention and necessitate hospital admission, the majority settle with simple first-aid measures. Over the years a number of methods for stemming a nose bleed have been advocated, ranging from dripping blood into a basin whilst placing a cork in the mouth (Trotter’s method),4 to inserting strips of smoked bacon into the nasal cavities.5 It is, however, generally accepted that the most satisfactory method is to pinch the lower part of the nose thus applying direct pressure to Little’s area, the most likely site of the bleeding point.6 In addition, the head should be tilted forward, facilitating clot formation and avoiding a steady trickle into the post-nasal space, as swallowed blood is extremely nauseating.7 This technique is advocated in standard first-aid manuals and ENT textbooks8 and is illustrated in figure 1.

It is evident to those of us treating epistaxis on a regular basis that this simple first-aid advice is not well known by the general public. Although much has been written on the treatment of epistaxis, the ignorance of the public on this subject has not been documented. The purpose of this study was therefore to try and confirm this clinical impression by asking how people would attempt to stop a nose bleed and compare this with the standard method advocated above.

Methods
Five hundred patients attending the ENT department at St James’ Hospital, Leeds, were asked to complete a questionnaire (figure 2). Those attending the department with the complaint of epistaxis were excluded.

Results
Fourteen of the questionnaires were lost or defaced. In keeping with previously mentioned studies, over half of those questioned (251 out of 460), admitted to having suffered a nose bleed.

The results of the question relating to how they would go about arresting a nosebleed are outlined in table 1. A correct response was taken to be pinching the nose low down (response A) and holding the head forward rather than backward, although a response not specifying a particular head position was not judged incorrect.

With regard to other ways of arresting a nose bleed, 36 suggested a cold compress (which does have a physiological basis9), three suggested lying flat on one’s back, one recommended a neck massage and another advocated placing a key down the back of one’s clothing.

Most patients (85%) specified the source of advice which influenced their responses given and these are summarised in table 2.
fact that their recall of information is inaccurate or else the trained healthcare workers are not knowledgeable in this matter. One previous study would suggest the latter is correct, as it demonstrated widespread ignorance in the first-aid management of epistaxis by accident and emergency staff. The fact that many nursing staff do not know the correct first-aid treatment is admitted by nurses themselves.

As most epistaxis will stop with correct first-aid treatment it is important that those who administer such treatment are better educated as to the correct course of action. Thus the general public, and certainly all those working in healthcare, should be better trained as to correct epistaxis management. This may, in many cases, remove the need for a visit to the Accident and Emergency department and subsequent ENT referral.

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D. Strachan and J. England

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