

EPISTAXIS

CONSIDERATIONS
Is it acute onset?
Are there also chronic nasal signs?
Has there been trauma?

IS THERE HYPOVOLAEMIC SHOCK

- Assess for shock and manage where present
- PCV/TP
- +/- AFAST / TFAST → effusions – pleural, peritoneal, pericardial
- +/- Platelet estimate and coagulation Profile

KNOWN TRAUMA

Supportive Care
Manage Concurrent
Intracranial Trauma

CHRONIC DISEASE

ACUTE

LOCAL DISEASE

CONSIDER

- CBC/Biochemistry/UA
- Diagnostic Imaging
- Rhinoscopy
- Nasal Biopsy

Platelet Count
> 50,000 / μ L

Secondary Coagulation Profile
(PT/PTT)

Platelet Count
< 50,000 / μ L

THROMBOCYTOPENIA

CONSIDER

- Serology
- Diagnostic Imaging
- Bone marrow aspirate

NORMAL

ABNORMAL

BMBT

SECONDARY COAGULOPATHY

CONSIDER

- Systemic Disease(s)
- Rodenticide Toxicity

NORMAL

ABNORMAL

Vitamin K1
Fresh Frozen Plasma
(+/- pRBCs)
Whole Blood

**FUNCTIONAL PLATELET DEFECT
VASCULITIS**

CONSIDER

- Medication as cause
- vWF
- Advanced function tests