

# Epistaxis OSCE Station

Epistaxis Focused History	
<b>Personal information:</b>	
Name, age, occupation, residency	
<b>History of presenting illness:</b>	
<b>Site</b>	whether originating from the front or back of the nose? bleeding from both side? The initial side of bleeding? If occurring during sleep or when supine? blood drains to the throat?
<b>Onset</b>	When does it start?
<b>Character</b>	<b>Quantity of blood loss</b> – how many cups of blood do they estimate they've lost <b>Quality of blood loss</b> – color? Presence of clots? Consistency (thick, thin)?
<b>Relieving\Aggravating factors</b>	<b>Precipitating event</b> – what were they doing when it started? – most epistaxis is caused by trauma (e.g. nose picking) so be sure to specifically ask about this as the patient will most likely not volunteer this information.
<b>Associated Sx</b>	<b>Symptoms of clotting abnormalities:</b> ( <b>Bleeding from other sites</b> ,Bleeding into joints\Easy bruising\Purpura) <b>Symptoms of hypovolemia:</b> (tachycardia\ dizziness\syncope\lightheadedness)
<b>Timing</b>	How long the condition has been going on and how it has changed since onset?
<b>Frequency</b>	number of rebleeding events?
<b>Risk factors</b>	Dry weather and low humidity? Oxygen via nasal cannulae? nasal and other facial <u>fracture</u> ? recent trauma? primary coagulopathy (e.g., hemophilia)? forceful coughing? septal deviation? nasal foreign body? Rhinitis? environmental irritants(smoking,dust) ? medications(e.g., antiplatelet 'aspirin', anticoagulant, NSAIDs)?
<b>Past Medical History:</b>	
Have they had this previously / number of times / how was it controlled previously? Allergy? Blood transfusion? Known to have structural nose abnormality(septal deviation)? Known to have bleeding disorders(e.g. Haemophilia, vwd, bernard-soulier syndrome, glanzmann's thrombasthenia)? HTN?Renal dis?liver disease?	
<b>Past surgical history :</b>	
Facial surgeries (e.g. Rhinoplasty) can make it more difficult to control bleeding	
<b>Social history :</b>	
Drug abuse (e.g. Cocaine) <i>is important to ask about bc it can cause nasal irritation</i>	
<b>Menstrual cycle :</b>	
Amount? regularity?	
<b>Family history :</b>	
Bleeding disorders? Any liver diseases in the family? HTN?	

## Investigations for acute epistaxis

Laboratory investigations are NOT usually necessary, although they may be required in certain specific circumstances:

- **Hematocrit or CBC** is obtained if there is concern about anemia from excessive blood loss or clotting abnormality.
- **Coagulation studies** (PT, activated partial thromboplastin time, platelet function tests) are only required in the presence of atypical persistence, recurrence, or recalcitrance to treatment.
- **BUN, serum creatinine, and LFTs** are usually only performed if there is concern about the patient's general medical condition. Impaired liver function may result in impaired clotting.