

A 68 year-old man presents to the ED with ongoing epistaxis, of spontaneous onset.

The patient's medications include warfarin.

Reference:

Cameron 3rd ed, p 582

General comments

This question tests knowledge, but it's accepted that:

- Minor variations in practice exist.
- The material below is not the exclusive gold standard. Other material not included may also score marks.

Therefore, the following serves only as a guide. Precisely matched wording is not essential, provided concepts are appropriately conveyed. Spelling of medical terms need not be 100% correct, but should be mostly so!

Standards

Maximum score is 15. Borderline score is 11.

1. List six (6) features in the History that are important for your assessment of this patient.

6 marks.

Thoughts (not to be included in your answer, but critical to its content nonetheless)

- Elderly man with iatrogenic bleeding diathesis
- Non-traumatic, so don't waste time with questions re trauma
- Indication for warfarin is important, as prosthetic valve largely precludes warfarin reversal, whereas AF poses less risk of reversal
- Hx also aims to assess:
 - Cause other than warfarin, such as hypertension
 - Severity - viz blood loss volume
 - Complications - shock
 - Implications for Mx - local tamponade, warfarin reversal, prophylactic Abx, patient's competence

Answer

- A. Estimate amount of blood loss*: duration of bleed, number of soaked tissues, swallowed blood
- B. Effects of blood loss*: dizziness, sweating, pallor, dyspnoea, chest pain
- C. Reason for warfarin*: prosthetic valve indicates incomplete warfarin reversal
- D. Co-morbidities*, esp uncontrolled hypertension
- E. Social circumstances: degree of competence, resources to manage at home, expectations
- F. Medication Hx: concurrent antiplatelet therapy, antibiotics (increase INR), allergies (eg to Abx)

* Issues highlighted by asterisks are requisite for perfect marks for this question.

2. The patient is bleeding only from Kiesselbach's plexus (Little's area). He is haemodynamically stable. Outline six (6) steps you would take to control his epistaxis. 6 marks.

Thoughts (not to be included in your answer, but critical to its content nonetheless)

- Complete and persistent haemostasis is the target; recurrent bleeding risk is high
- Strategies: Local effects, optimising coagulation profile and prevention

Answer

- A. General: reassure, sit patient up, firm external pressure* to nares while equipment prepared
- B. Suction blood and clots from nostril
- C. Topical constrictor* agent: cotton pledgets soaked with lignocaine/adrenaline or *Cophenylcaine Forte* to Little's area
- D. Chemical cautery with Ag nitrate sticks
- E. If persistent bleeding despite the above, anterior packing with 0.5 inch gauze soaked with constrictor
- F. Optimise INR*: reverse warfarin with vitamin K if appropriate: <2 if warfarin for AF, and close to 2 for prosthetic valve

* Issues highlighted by asterisks are requisite for perfect marks for this question. Cautery AND/OR tamponade (one alone suffices) also requisite.

3. List three (3) pieces of advice you would give him on discharge. 3 marks.

Answer

- A. General*: Do not pick or blow nose for at least 4 days; moisturize nostrils with *Vaseline* or chloromycetin eye ointment.
- B. If warfarin withheld, seek rv* for repeat INR and recommencement of warfarin.
- C. Indications for ED return*: recurrent bleed and / or if anterior pack in situ that needs removal.

* Issues highlighted by asterisks are requisite for perfect marks for this question.