

Institution: _____

Encounter Form: Epistaxis

Name: _____ CDC# _____ DOB _____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief Complaint: _____

Date and time of onset: _____

Nosebleed occurred as a result of:

- blunt trauma nose picking foreign body
- recent upper respiratory infection other:

(specify) _____

Estimated blood loss: _____

Pain: Scale of 0-10 (0=no pain 10=worst pain) _____

Area of pain: _____

Quality of pain: _____

What makes it better? _____

History of epistaxis: YES NO

History of chronic illness:

- liver disease hemophilia or other coagulopathy
- leukemia multiple myeloma COPD
- heart Disease HTN Other: _____

Allergies: _____

Current medications: _____

OBJECTIVE:

Vital signs: Temp _____ Resp _____

Standing: BP _____ Pulse _____

Sitting: BP _____ Pulse _____

Supine: BP _____ Pulse _____

General appearance: _____

Nostril involved: Right Left Both

Facial injury: None Deformity

- Swelling Blood in posterior oropharynx

Other: _____

Type of bleeding: fresh dried blood

Estimated Blood Loss _____

ASSESSMENT:

Impaired tissue integrity evidenced by/related to _____

Risk of fluid volume deficit evidenced by/related to: _____

PLAN:

MD referral completed: (circle) NO / YES If yes:

- STAT (traumatic injury; Anticoagulant therapy; systolic BP < 90 or > 180; diastolic BP > 110; pulse > 110; postural pulse change > 20/min; bleeding from posterior oropharynx; bleeding persists after 15min. of pressure;)

Urgent Routine

Orders received by phone from POC.

Physician called (name / time) _____

Physician responded (time) _____

NOSE BLEED:

- Patient sitting upright and gently blew nose.

(Result) _____

- Firmly pinch nostrils between the thumb and index fingers X 15 minutes. (Results) _____

- Bleeding continues; patient transported to TTA

- If bleeding stops after 15 minutes examine the patient to make sure there is no active bleeding and no clots.

- Observe patient for at least 30 minutes before discharging from treatment. Prior to discharge advise patient not to blow nose and avoid sneezing for at least 12 hours. If patient must sneeze advise to open mouth so that air escapes through the mouth instead of the nose. Patient may "snuff up" as needed. After 12 hours patient may apply a thin layer of Petrolatum/Lanolin Skin Protectant Ointment to nostrils B.I.D. while dryness of the nasal mucosa persists.

EDUCATION:

- Assess patient's potential for understanding the health information to be provided.
- Provide patient education consistent with the assessment of the condition.
- Evaluate the patient's level of understanding and document all patient education on the encounter form or a progress note.
- Refer patient to other resources as needed. Document all referrals on the nursing protocol encounter form.
- Resubmit a Health Care Service Request Form (CDC 7362) if: symptoms of epistaxis reoccurs or condition deteriorates: _____

Signature / Title

Institution: _____

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Fill in the blanks and check all that apply

DISPOSITION

Time released: _____

Condition on release: _____

- Returned to housing unit
- Housing reassignment to: _____
- Referred for follow-up
 - Physician clinic RN clinic
- Referred to higher level of care: (specify) _____

Person/time contacted: _____

Time/Mode of transfer: _____

ERV contacted (time) _____

ERV arrived (time) _____

Additional comments: _____

List name(s) of RN Protocol used: _____

Signature / Title

1. Disability Code: <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached <small>*See chrono/notes</small>
4. Comments: _____		