



# Emergency Action Plan



## Nosebleed

School Year: \_\_\_\_\_ School: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Bus # \_\_\_\_\_ Car Rider \_\_\_\_\_ Parent/Legal Guardian: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

\*Nosebleeds are common. \* Most often they are a nuisance and not a true medical problem\* But they can be both. [Mayo Clinic](http://www.mayoclinic.org)

| Nosebleed care without a nose-aid clip   |  |
|--|--|
| 1. Sit upright, lean forward, and do not tilt head.  | <ul style="list-style-type: none"> <li>* Reduces blood pressure in the veins of the nose.</li> <li>* Discourages further bleeding</li> <li>* Helps avoid swallowing blood, which can irritate the stomach</li> </ul>   |
| 2. Gently blow nose  | <ul style="list-style-type: none"> <li>* This will remove clots</li> </ul>   |
| 3. Pinch the nose.   | <ul style="list-style-type: none"> <li>* Use thumb and index finger to pinch the nostrils (soft portions of nose) shut.</li> <li>* Tell student to breathe through his/her mouth</li> <li>* Continue to pinch for five to 10 minutes</li> <li>* Pinching sends pressure to the bleeding point on the nasal septum and often stops the flow of blood.</li> </ul>  |
| 4. To prevent re-bleeding  | <ul style="list-style-type: none"> <li>* Sit quietly for 30 minutes; avoid strenuous activity for 6-8 hours.</li> <li>* Student must not pick or blow nose</li> <li>* Tell student to not bend down for several hours after bleeding episode; and, to keep head higher than the level of heart</li> </ul>  |
| 5. If re-bleeding occurs   | <ul style="list-style-type: none"> <li>* Student should blow out forcefully to clear the nose of blood clots</li> <li>* If ordered/med. Authorization form on file, student may spray both sides of your Nose with a decongestant nasal spray containing oxymetazoline (Afrin, Mucinex Moisture Smart, others).</li> <li>* Pinch nose again as described above.</li> <li>* Call parent/legal guardian and school nurse.</li> <li>* Healthcare provider needs to be called</li> </ul> |
| Nosebleed care with a nose-aid clip  |  |
| 1. Sit up while using the nose-aid clip. Do not tilt head.<br>2. Gently blow nose to remove blood clots.<br>3. Open the pads by squeezing the arms together.<br>4. Place the nose-aid clip on the soft part of the nose.<br>5. Sit quietly for 10 minutes with Nose-aid clip in place.<br>6. If bleeding continues, reposition nose-aid clip. If bleeding does not stop (with clip in place) seek medical attention.<br>7. After 10 minutes, remove Nose-aid clip and continue to sit quietly for 20 minutes or more.<br>8. If bleeding restart, repeat steps 2 through 7.<br>9. Seek further medical attention, if bleeding does not stop after three attempts.<br>10. Avoid physical activity for 4 hours. |  |
| <b>When to seek emergency care</b>   | <ul style="list-style-type: none"> <li>* The bleeding last more than 20 minutes</li> <li>* The nosebleed follows as accident, fall or injury to the head, including a punch in the face that may have broken the nose.</li> </ul>  |

### To be completed by parent/legal guardian

What causes the nosebleed? \_\_\_\_\_

What is usually done to help with this problem? \_\_\_\_\_

How often does your child have nosebleeds? \_\_\_\_\_ Date of last nosebleed \_\_\_\_\_

Does your child have seasonal allergies? \_\_\_Yes \_\_\_No If yes, does your child take medication? \_\_\_Yes \_\_\_No

List medications \_\_\_\_\_ Please provide additional information and/or instructions, if needed. \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attach Medication Authorization Form, if indicated \* File original in health record\* Copies to appropriate staff and EAP Notebook.**



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