**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**

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| **Nosebleed care without a nose-aid clip** |
| 1. Sit upright, lean forward, \* Reduces blood pressure in the veins of the nose. and do not tilt head. \* Discourages further bleeding \* Helps avoid swallowing blood, which can irritate the stomach |
| 2. Gently blow nose \* This will remove clots |
| 3. Pinch the nose. \* Use thumb and index finger to pinch the nostrils (soft portions of nose) shut. \* Tell student to breathe through his/her mouth \* Continue to pinch for five to 10 minutes \* Pinching sends pressure to the bleeding point on the nasal septum and  often stops the flow of blood. |
| 4. To prevent re-bleeding \* Sit quietly for 30 minutes; avoid strenuous activity for 6-8 hours. \* Student must not pick or blow nose \* Tell student to not bend down for several hours after bleeding episode; and, to keep  head higher than the level of heart |
| 5. If re-bleeding occurs \* Student should blow out forcefully to clear the nose of blood clots \* 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). \* Pinch nose again as described above. \* Call parent/legal guardian and school nurse. \* Healthcare provider needs to be called   |
| **Nosebleed care with a nose-aid clip** |
| 1. Sit up while using the nose-aid clip. Do not tilt head.2. Gently blow nose to remove blood clots.3. Open the pads by squeezing the arms together.4. Place the nose-aid clip on the soft part of the nose.5. Sit quietly for 10 minutes with Nose-aid clip in place.6. If bleeding continues, reposition nose-aid clip. If bleeding does not stop (with clip in place) seek medical attention. 7. After 10 minutes, remove Nose-aid clip and continue to sit quietly for 20 minutes or more.8. If bleeding restart, repeat steps 2 through 7.9. Seek further medical attention, if bleeding does not stop after three attempts.10. Avoid physical activity for 4 hours.  |
| **When to seek emergency care** \* The bleeding last more than 20 minutes \* The nosebleed follows as accident, fall or injury to the head,including a punch in the  face that may have broken the nose. |

**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.**