



Nosebleed Management and Prevention in Children

About Our Physicians



Alyssa Hackett, MD is a fellowship trained pediatric otolaryngologist practicing in the Mount Sinai Health System since 2014. Dr. Hackett practices at our Mount Sinai Doctors East 85th Street office and at the New York Eye and Ear Infirmary of Mount Sinai in the East Village.



Aldo Londino, MD is a fellowship trained pediatric otolaryngologist who joined the Mount Sinai Health System after completing his fellowship at Johns Hopkins Medical Center in 2017. Dr. Londino practices at Mount Sinai Doctors East 85th and at the Mount Sinai Doctor's Staten Island office.

Pediatric Otolaryngology Practice Locations:

Mount Sinai Doctors-East 85th Street

234 E. 85th Street, 4th Floor
New York, NY 10028
Mondays - Thursdays

New York Eye and Ear Infirmary of Mount Sinai

310 E. 14th Street, 6th Floor, North Building
New York, NY 10003
Thursdays

Mount Sinai Doctors-Staten Island

2052 Richmond Road
Staten Island, NY 10306
Mondays

For More Information/Appointments:

If you or a family member needs more assistance with nosebleeds or any other pediatric otolaryngology problem, call our office and schedule an appointment with Dr. Alyssa Hackett or Dr. Aldo Londino at **212-241-9410**.

Why Does My Child Have Nose Bleeds?

Nosebleeds are common in children and almost never a reason for serious concern. They occur because of dryness in the inside middle part of the nose that divides the nose into right and left sides (the septum). The skin covering the septum is very thin and often has pretty big blood vessels that can crack and bleed when the thin skin dries out. Rubbing or wiping the nose frequently during allergy season or with a cold can also bring on nosebleeds. It can appear like a lot of blood when the nose bleeds, and some people can even have large blood clots come out! Even without treatment, the bleeding vessels usually slow down and stop bleeding in 10 minutes or less. Properly treating a nose bleed can significantly shorten this time.

How Can I Heal the Nose and Prevent a Nosebleed?

- **Tip 1:** If you are using a nasal steroid spray, stop! You may try restarting a nasal steroid spray 1 month after your last nose bleed and stop it again if bleeding returns. When using the spray, try to avoid spraying the septum).
- **Tip 2:** No nose picking! Keeping little fingers out of the nose is key to reducing the nose bleeds. Nosebleeds sometimes happen more often in the middle of the night from picking/rubbing of the nose when sleeping.
- **Tip 3:** Add a bedside humidifier to the bedroom.
- **Tip 4:** Use nasal saline spray 4 or more times per day. Keep a bottle in the bathroom and spray it up the nose after every time hands are washed. You can't overuse saline spray!
- **Tip 5:** Use Ayr gel, Aquaphor, or Cocoa Butter Cream 2 times a day to moisturize the inside of both nostrils. Add this step into the toothbrushing routine.

Continued on reverse

• **Tip 6:** (optional): In some cases, your doctor may recommend a prescription antibiotic ointment 2 times a day for 1 week. This can be used instead of the above moisturizers.

• **Tip 7:** Shopping list: All of the supplies you will need can be found in any drug store without a prescription. Store staff can help you locate these items:

- Nasal saline spray
- AYR gel, Aquaphor, or Cocoa Butter Cream
- Bedside humidifier (optional)
- Oxymetazoline; Afrin is the brand name but any generic brand will do (optional)

How Do I Treat a Nosebleed?

- **Lean forward:** the head position is not very important for stopping the bleeding, but leaning back causes you to swallow the blood, which can make you feel ill or even vomit. Leaning forward prevents this.
- **Blow out clots:** (skip this if you catch a nose bleed quickly before clots could develop): if a nose bleed continues for a few minutes without treatment, blood clots can develop and then ooze for minutes to hours after the nose bleed stops. This can make you feel like the nose is still bleeding even though it is not.
- **Pinch the nostrils:** do this closed with moderate pressure for 5-10 minutes.



• **Optional:** Spray oxymetazoline (a.k.a Afrin) on cotton/tissue: if still bleeding; place sprayed cotton/tissue in the nose and hold pressure again for 5-10 minutes before removing it. Repeat if necessary. Do not use oxymetazoline on a daily basis.

What is Cauterization and Who Needs It?

Nasal cautery involves burning the bleeding vessels in the nose to get them to stop bleeding. This is most often done in the office with a chemical called silver nitrate. Some young children cannot tolerate this procedure in the office and need to be taken to the operating room for it to be done under general anesthesia. Cautery alone can temporarily improve the frequency of bleeding, but sometimes the results can be short lived. Cautery is not necessary in most children. In our experience at Mount Sinai, greater than 90% of children improve after 1 month of using our management and prevention plan above and do not require cauterization.

Special Circumstances

While rare, below are special circumstances that may require a visit to a pediatric otolaryngologist sooner rather than later.

- **Family history of bleeding disorders:** If there is a family history of bleeding disorders such as Hemophilia, Von Willebrand Disease, or Hereditary Hemorrhagic Telangiectasia then it may be more difficult to control nose bleeds and cautery may be considered earlier.
- **Anticoagulation:** It is uncommon, but if your child needs to be on blood thinners, aspirin therapy, or other medications that make it harder for blood to clot, cautery may be required.
- **Male teenagers or male children entering puberty:** If your male child is undergoing or about to start puberty AND has more than the occasional, easy-to-stop nosebleed, then they should be evaluated by an otolaryngologist to rule out a rare benign tumor called Juvenile Nasopharyngeal Angiofibroma (JNA).

