Figure 6. Patients on Anticoagulants and/or Antiplatelet Medications

Do one or more of the following apply to this episode of epistaxis?

- Posterior nosebleed
- Hemodynamic instability due to blood loss
- A decrease in hemoglobin of ≥2 g/dL or required ≥2 units of RBCs (or ≥15 mL/kg in pediatric patients)

ES .

Bleeding is Severe

- Do not give additional dose of anticoagulant or antiplatelet medication while bleeding is active.
- Initiate appropriate local measures to control epistaxis.
- Administer appropriate reversal agent to control bleeding and stabilize patient (see Table 5).
- Assess for and treat other contributory comorbidities (e.g., thrombocytopenia, uremia, liver disease).

Bleeding is Non-Severe

 Do not give additional dose of anticoagulant or antiplatelet medication while bleeding is active.

NO

- Initiate appropriate local measures to control epistaxis.
- If patient requires hospitalization or transfusion and on a VKA, consider oral or IV Vitamin K.
- Do not reverse anticoagulation or transfuse platelets if bleeding can be otherwise controlled.

Flow chart to assess and treat epistaxis in patients on anticoagulants and/or antiplatelet medications. (Adapted from the 2017 American College of Cardiology "Expert Consensus Decision Pathway on Management of Bleeding in Patients on Oral Anticoagulants.")

Discuss with patient's primary team managing anticoagulation regarding continuing or discontinuing anticoagulant or antiplatelet medication at time of discharge.