

Getting a grip on nosebleeds

By Erica Crilly, Celina Woo
and Dr. Mark Belletrutti

Nosebleeds are a common symptom experienced by many healthy children and can be a reason for parents to seek medical advice and assistance. Fortunately, many bleeds are minor and managed easily by standard first aid interventions. However, recurrent bleeding, severe bleeding episodes, or bleeding beginning at a young age (<3 years) may warrant referral to an ENT specialist and/or hematologist for further evaluation. For some children with known inherited bleeding disorders (Von Willebrand disease, platelet function disorders, immune thrombocytopenic purpura (ITP), etc.) recurrent epistaxis can be problematic but with basic, consistent measures, the problems and stress of recurrent nose bleeding can be mitigated and controlled.

Acute epistaxis management

A recently published clinical practice guideline led by ENT specialists (Tunkel et al, 2020), lays out excellent directions for health care providers when managing patients with epistaxis, and highlights the importance of prompt, firm, sustained compression for ≥ 5 minutes to the lower third of the nose, with or without assistance of the patient or caregiver. In our years of assisting children with bleeding disorders and problematic nose bleeding, this is an important basic intervention, though it is not often performed properly. This leads to longer bleeding episodes and frustration with recurrent bleeding symptoms. Most children under the age of 5 or 6 may not be able to apply pressure adequately and need an adult to assist. Five minutes may feel like an eternity for many children and parents, but setting a timer to ensure

continuous, uninterrupted pressure can be very helpful and effective. Pressure applied higher on the nasal bridge, or pressure applied when the head is not tipped forward will not compress the anterior septum/Kiesselbach plexus (the bleed site of many pediatric nosebleeds), therefore a demonstration of technique and hand placement is important.

Aftercare and prevention

Recurrent epistaxis has been associated with dryness, crusts in the nose, and *Staphylococcus aureus* colonization. Chronic inflammation induces neovascularisation and discomfort inside the nose, which also can make many a child want to pick at their nose, which compounds the issue (Bequignon et al, 2017). Ensuring children have short, clean fingernails, and discouraging nose picking is important but sometimes tricky in younger age groups. Antiseptic cream or ointment applied into the nose twice daily for one week can be effective at breaking the cycle of the bleeding cluster and should be recommended to all patients, including those who have experienced only minor bleeding symptoms, and after a significant large bleed. During the dry, hot summer months or in winter where higher numbers of URTIs and the use of forced air heat increases nasal dryness, conditions are ripe for nosebleeds to start. Humidification with saline sprays, gels, or bedside humidifiers can go a long way to stem troublesome bleeding from starting during these periods.



Does this patient with recurrent epistaxis have a bleeding disorder?

Parents may seek care with concerns about problematic epistaxis, and it can be difficult for clinicians to know what frequency and duration of bleeding episodes are normal and what needs referral. A detailed medical and family history is useful to gain insight to support referral. Bleeding assessment tools, such as the Pediatric Bleeding Questionnaire (PBQ) offer a structured, standardized way to assess the subjective information families share (Roberts, 2020; Bowman, 2009). Other mucocutaneous bleeding concerns, such as excessive bleeding after an oral injury or dental procedures, easy bruising, or GI/GU bleeding may increase suspicion of an inherited bleeding disorder. A referral to an ENT specialist may also be important

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Meet the Heme Team



Dr. Mark Belletrutti

Dr. Belletrutti relocated to Vancouver from Edmonton Alberta in February 2021. He was the Director of the Pediatric Bleeding Disorder Program at the Stollery Children's Hospital in Edmonton since 2015 and has been practicing as a Pediatric Hematologist since 2008. While they will miss the snow and -30 temperatures

(OK no, not really!!), he and his family are very excited to explore Vancouver and the surrounding area as they settle in to their new home community!

What is a skill or talent people might not know about you? Send me your study and I'll eventually come up with a catchy acronym.

If we went to a happy hour, what would you order? Local microbrew

What would be your personal motto? Most problems can be sorted over coffee.

If you had a superpower, what would it be? Swiftness and agility.

Do you have any nicknames? Only what comes out of peoples' mouths when they panic at pronouncing my last name!

What are you most looking forward to after the pandemic? Guilt free socializing



Dr. Ali Amid

Dr. Amid has been practicing as a Pediatric Hematologist/Oncologist at Children's Hospital of Eastern Ontario since 2017. He was the Physician Lead for the Thalassemia and Chronic Transfusion Service as well as the Thrombosis Service. He was also the Co-Director for the Hemophilia Clinic. Ali is thrilled to join the

Hematology/Oncology team at BC Children's and to call Vancouver home. He is particularly excited to enjoy the diverse international cuisine that Vancouver has to offer but is a bit worried that falafels are not as good as those in Ottawa. We are hoping to prove him wrong!

What is a skill or talent people might not know about you? I fall sleep with my eyes open

If we went to a happy hour, what would you order? the most expensive item

What would be your personal motto? have you guys seen my wallet?

If you had a superpower, what would it be? to be able to locate my stuff!

Do you have any nicknames? George Clooney (can't you see the resemblance?)

What are you most looking forward to after the pandemic? For now I am focusing to survive this!!



Celina Woo, MN, NP(P)

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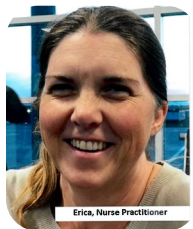
What is a skill or talent people might not know about you? I'm a classically trained pianist and

piano teacher.

If we went to a happy hour, what would you order? Probably something caffeinated.

If you had a superpower, what would it be? Being able to clean up after toddlers instantly by just thinking about it.

What are you most looking forward to after the pandemic? Traveling to Hawaii or somewhere warm and sunny.



Erica Crilly, MN, NP(P)

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What is a skill or talent people might not know about you? I love being outside in the elements,

skiing or sailing, even if the weather is lousy.

If we went to a happy hour, what would you order? A gin based cocktail or gin and tonic.

What would be your personal motto? Luck is what happens when preparation meets opportunity – Philosopher Seneca

If you had a superpower, what would it be? Cutting through the riffraff quickly

Do you have any nicknames? I have aged out of the good ones that I had previously

What are you most looking forward to after the pandemic? Small talk with strangers on the chairlift at the ski hill



Danielle Baker, BScN, RN

Hematology Nurse Clinician
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If we went to a happy hour, what would you order? An Extra Spicy Caesar

What would be your personal motto? Don't

be afraid to be ambitious about your goals. Hard work never stops. Neither should your dreams – Dwayne Johnson

If you had a superpower, what would it be? Time Travel

What are you most looking forward to after the pandemic? Getting together with friends and family and travelling to Maui, Santa Monica and Costa Rica

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Heather McCartney, BSN RN
 Hemoglobinopathy Nurse Clinician
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What is a skill or talent people might not know about you? I can play the clarinet
 If we went to a happy hour, what would you

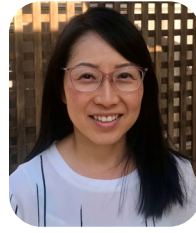
order? Drink: vodka martini, Food: chicken wings or artichoke dip (or both – it’s happy hour!)

What would be your personal motto? Strive to have the knowledge and courage to be confident in your own decisions.

If you had a superpower, what would it be? Invisibility – by far the coolest and most useful superpower

Do you have any nicknames? Not that I know of....

What are you most looking forward to after the pandemic? Hugs and dinners with friends



Susan Lee, BA, BSN, RN
 Thrombosis Nurse Clinician
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What is a skill or talent people might not know about you? I can type 85wpm-ish (no guarantees on accuracy!)

If we went to a happy hour, what would you order? Kir Royale

What would be your personal motto? Live with integrity

If you had a superpower, what would it be? To fly...so my commute would only be 5 minutes and not 45

Do you have any nicknames? “Sujan Arden” (in my Uni days I liked Jan Arden)

What are you most looking forward to after the pandemic? Seeing family internationally, travelling anywhere, and no more masks!

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if bleeding continues to be resistant to local first-line measures and can happen concurrently for appropriate patients.

Additional treatment considerations for children with known inherited bleeding disorders

Children with known bleeding deficits (Von Willebrand disease, ITP, platelet function disorders) may experience severe or recurrent nosebleeds but fortunately, many do not. The standard acute management of applying pressure to the right location ≥5 minutes is still critical for this patient group, and the aftercare recommendations of application of an antiseptic cream twice

daily is the standard advice given to all BCCH patients. In patients with hemophilia or von Willebrand Disease, systemic hemostatic medications to boost low coagulation factors such as desmopressin (Octostim) or factor concentrates may also be important to facilitate clot formation and stabilization. Tranexamic acid, an antifibrinolytic, can be a useful non-specific treatment in both inherited and acquired bleeding disorders (i.e. ITP) and can be taken to decrease bleeding symptoms and facilitate clot stabilization. Patients with ITP should have a platelet count checked and receive medications to boost platelet counts if indicated. Patients on anticoagulation will need ongoing discussion with BCCH Hematology to determine if dosing needs adjustment and if Tranexamic acid is

many children with or without inherited bleeding conditions. Standard first aid measures, when performed properly and consistently, can be very helpful in stopping the bleeding, along with the application of antiseptic cream and moisturizing creams to halt the cycle of recurrent bleeding. Additional systemic treatments may be necessary for children with inherited bleeding disorders to help clot formation and stabilization and may be avoided with good preventative strategies.

Note: the Pediatric Bleeding Questionnaire (PBQ) can be found at <https://www.ahcdc.ca/storage/files/pediatric-bleeding-questionnaire.pdf>

References

Bequignon, E., Teisser, N., Gauthier, A., Brugel, L., De Karmadec, H., Coste, A., and Pruliere-Escabasse, V. (2017) *Emergency Medicine Journal*, 34:543-548.
 Roberts, J.C. (2020). Evaluation of Abnormal Bleeding in Children. *Pediatric Annals*, 49(1) e36-e42.
 Tunkel et al. (2020). Clinical Practice Guideline: Nosebleed (Epistaxis) *Otolaryngology – Head and Neck Surgery* 162(1S): S1-S38.
 Bowman M, Riddel J, Rand ML, et al. (2009) Evaluation of the diagnostic utility for von Willebrand disease of a pediatric bleeding questionnaire. *J Thromb Haemost*;7:1418–21.


contraindicated. Many patients will have a treatment plan in place for minor bleeding and our program is happy to share advice and participate in their care to help minimize bleeding.

Epistaxis is a common symptom experienced by

2021 Provincial Pediatric Oncology/ Hematology Education Day

More details and registration information will be posted to the website soon.

www.bcchildrens.ca/health-professionals/networks/pediatric-oncology-hematology-network



The Children's Oncology Group (COG) created the KidsCare App for parents and caregivers. It provides a place for families to get and keep the information they need while caring for a child with cancer.

Creating an account allows patients and families to store notes, information, appointments, and/or phone numbers in the App. They will also be able to sync information across multiple devices. If they do not create an account, they will still be able to access content in the App, and they can always create an account later. The app is free.

Home

The Home Tab provides quick access to all features within the App:

- Caring for your child
- Appointment tracking
- Journaling
- One-touch dialing
- Emergency Room Card

Info

The Info Tab includes all of the information from the Children's Oncology Group's New Diagnosis Guide and Family Handbook, including all illustrations.

Journal

In the Journal, patients and families can track lab results, weight, height, vital signs, and treatments, and make notes for healthcare providers.

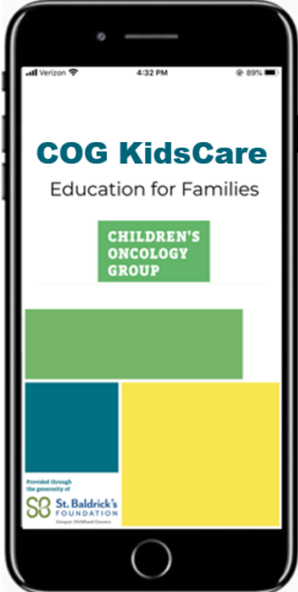
My Team


In the My Team tab, patients and families can conveniently store contact information for members of their child's hospital and healthcare team.

COG KidsCare App



For parents and caregivers of children with cancer

CHILDREN'S ONCOLOGY GROUP







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Conquer Childhood Cancers



THE PROVINCIAL PEDIATRIC ONCOLOGY/HEMATOLOGY NETWORK

The Network is an interdisciplinary organization whose goal is to ensure appropriate diagnosis, management, follow-up, and end-of-life care for pediatric patients with malignancies and blood disorders.

The Network supports community hospitals and practitioners, and develops partnerships with other health care facilities to enable seamless and integrated care for patients and families on treatment and off treatment.

It will further develop and enhance the research programs of basic, translational, and clinical research to better childhood cancer control and improve outcomes for these patients and their families.

FOR MORE INFORMATION

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