

## Academic Emergency Medicine Editor-in-Chief Pick of the Month

### The Nosebleed Feeling

This month, I chose a paper about nosebleeds. (May I proffer from the outset that I am avoiding the word “picked”). I admit that the problem of bleeding noses does not generate the enthusiasm of an ED thoracotomy, nor has the public health importance of opiate use. But what if I told you that your next patient is an unhappy bounce back epistaxis on Plavix? You are thinking “B-but, the other side has open beds!” Admit it. Nosebleeds are a pain for everyone. Especially the poor patient.

That sentiment is why I picked--I mean, chose--the paper by [Zahed et al](#), and why I also asked Michael Runyon to write a commentary about this paper ([Topical tranexamic acid for epistaxis in patients on antiplatelet drugs: a new use for an old drug](#)).

The work by Zahed et al, may accomplish something that few papers do, and that is prompt an actual change in practice for a few folks. At the least, this paper should get your attention for a minute.

Well, maybe it won't get your attention. Maybe you've never experienced the *nosebleed feeling*. The *nosebleed feeling* is the dark sensation that creeps up inside you, as you witness the world's worst parade. The world's worst parade is led by the triage nurse, who strolls by first, holding paperwork in hand like a baton, glancing the rueful “you are screwed” glance your way. Marching onward to room 36, on your side of course, with the sorrowful procession in tow. Here comes your poor patient, holding her nose, being “helped” by one—sometimes two (yay!)—family members. As the parade marches on, there is gasping,

calls for help, coughing and gagging; and dripping of large splatters of blood on the floor.

“She was just here!”, says the triage nurse, cheerfully.

As the parade disappears, now crackles the way too loud overhead speaker: “Environmental services to room 36!”

Then comes that sinking *nosebleed feeling*. The evil spell of helplessness. It feels like a rodent in your sleeping bag. Or a volvulus.

In this study, patients were randomized to receive nasal packing with either a 15-cm cotton pledget that had been soaked in the injectable form of tranexamic acid (500 mg in 5 ml), or a cotton pledget that had been soaked in epinephrine (1:100,000) + lidocaine (2%). Patients with tranexamic acid-soaked pledglets had more rapid and complete hemostasis in the ED. Somewhat surprisingly, the re-bleed rate was also lower with tranexamic acid over the next few days. Given the low cost, low risk, and widespread availability of tranexamic acid injectable, this seems like a logical choice as a wetting agent for commercially available, expandable nasal sponges.

Tranexamic acid won't completely cure the *nosebleed feeling*. But it might reduce its magnitude of effect.

Best wishes,  
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