

Anterior Nasal Packing

Introduction

- Wash hands, Introduce self, Patients name, Explain procedure fully and get consent
- Explain it will be uncomfortable and they may need to cough up blood pushed back down – give them a bowel

Gather equipment

- 10% xylocaine spray (or 1% lidocaine in 2-5ml syringe sprayed fast from broken white needle)
- Pack options
 - Nasal tampon (7.5cm ideal, also 5cm and 10cm available) e.g. Netcell nasal pack, Merocel
 - Inflatable pack (7.5cm ideal, also posterior pack available) e.g. Rapid Rhino
- KY jelly
- 10ml syringe (filled with saline if using nasal tampon, or air if using inflatable pack)
- Tape
- Paper towels
- Cardboard bowel

Preparation

- Apply gloves and apron
- Spray anaesthetic into nostril

Nasal tampon insertion

- Ensure nasal tampon has a suture attached at one end (if not, place one)
- Put KY jelly all over nasal pack
- With your non-dominant hand, push up on the tip of their nose
- Then immediately insert the nasal tampon into nostril horizontally in the sagittal plane (see image)
- Advance horizontally along the floor of the nasal cavity in one motion until maximum depth
- The outer tip with suture attached should be next to the tip of the nose
- Slowly expel the a few mls of saline from the syringe into the nostril to swell up the nasal pack like a tampon
- Tape the string on their cheek



Inflatable pack insertion

- Remove pack from its sleeve
- Place in bowel of sterile water (not saline) for 30 seconds
- With your non-dominant hand, push up on the tip of their nose
- Then immediately insert the inflatable pack into nostril horizontally in the sagittal plane (see image)
- Advance horizontally along the floor of the nasal cavity in one motion until maximum depth
- The outer tip with suture attached should be next to the tip of the nose
- Attach 10ml syringe full of air and inflate until pilot cuff is firm but with some bounce (no set volume)
- Tape the tubing to their cheek

Further management

- Full history and ABCDE assessment
- Secure IV access and send bloods including FBC, G&S, clotting
- Refer to ENT team for nasal cauterisation