Rachel Freundlich
Rotation #3 - Internal Medicine

History
Identifying Data:

Chief Complaint: "My nose won't stop bleeding" x4 hours

History of Present Illness:
Pt is a 61 y/o M with Afib on Eliquis, HTN, COPD, BPH, GERD and chronic pain presenting with epistaxis x4 hours. Pt reports that his nose has been bleeding intermittently for the past 3-4 days but he is typically able to stop the bleeding with pressure. He states that epistaxis is spontaneous and denies any recent injury to the nose or face. Today, he was unable to stop the bleed and therefore called EMS who brought him to the ER. The patient is unable to report how many cloths he soaked while attempting to control the bleed. Upon immediate presentation to the ER, epistaxis had subsided. However, while in the ER epistaxis restarted from the left nare and the ER team applied Afrin and pressure. Epistaxis was not controlled and ENT was consulted. ENT packed the nare with tranexamic acid soaked Rhino rocket and the bleeding appeared to subside. The patient was given Unasyn as prophylactic antibiotic. Pt denies digital trauma, nasal pain, congestion, difficulty breathing, fever, cough, nausea, vomit, diarrhea, constipation, dysuria, syncope, recent travel to a high altitude, drug use and bleeding from other orifices.

Pt was admitted to the medicine floor to further monitor. Pt was interviewed a few hours after arrival to the ER. Nasal packing appears in place and no bleeding is observed. The pt appears mildly uncomfortable due to the packing. He made multiple requests for additional pain medications and states that his current home pain regimen is not sufficient. The pt became agitated during the interview and began yelling that he wanted the nasal packing removed.

Past Medical History:
Present illnesses – Afib, HTN, COPD, GERD, BPH, chronic pain, epistaxis
Past medical illnesses – Denies past medical illnesses
Hospitalized – Denies previous hospitalizations
Childhood illnesses – Denies any illnesses
Immunizations – received COVID booster 11/23/23; received Flu shot 10/31/23, received Prevnar 04/17/23
Screening tests and results – Unknown

Past Surgical History:
Denies

At home Medications:
Albuterol - 1 puff q6 PRN
Apixaban - 5mg PO BID
Atenolol - 25mg PO QD

Fluticasone salmeterol - 500/50 1 puff BID
Hydromorphone - 8mg PO q4h PRN
Losartan - 50mg PO QD
Morphine - 30mg PO BID
Prilosec - 10mg PO QD
Tamsulosin - 0.4mg PO QD

Allergies:
Denies any food, drug, or environmental allergies.

Family History:
Mother – deceased at 91, natural causes
Father – deceased at unknown age
Maternal/paternal grandparents – Deceased at unknown age & unknown reasons

Social History:
M.C. is a single male living independently. He reports he has a nephew he is in touch with often and assists him with groceries when necessary. Pt is a retired police officer.
Habits - Admits one cup of black coffee daily. Denies tobacco, alcohol, and drug use
Travel - Pt denies recent travel.
Diet - Pt reports eating a well balanced diet.
Exercise - Pt reports he tries to go to the gym once a week but is often unsuccessful.
Safety measures - Admits to wearing a seat belt.
Sleep – Pt reports regular sleep patterns.
Sexual Hx - Pt is not currently sexually active.

Review of Systems:
General – Denies recent weight loss, loss of appetite, generalized fatigue, fever or chills, or night sweats.

Skin, hair, nails – Denies changes in texture, excessive sweating or dryness, discolorations or pigmentations, moles/rashes, pruritus or changes in hair distribution.

Head – Denies headaches, vertigo or head trauma.

Eyes – Pt wears contact lenses for nearsightedness. Denies recent vision changes, photophobia, pruritus. Last eye exam unknown.

Ears – Denies deafness, pain, discharge, tinnitus or use of hearing aids.

Nose/sinuses – **Pt admits epistaxis.** Pt denies nasal mucous discharge or obstruction.

Mouth/throat – Denies bleeding gums, sore tongue, sore throat, mouth ulcer or voice changes.

Neck – Denies localized swelling/lumps or stiffness/decreased range of motion.

Pulmonary system – Admits occasional wheezing. Denies cough, hemoptysis, dyspnea, orthopnea, cyanosis, or paroxysmal nocturnal dyspnea (PND).

Cardiovascular system – History of Afib, HTN. Denies chest pain, syncope, edema or known heart murmur.

Gastrointestinal system – Denies epigastric pain, nausea, diarrhea, change in appetite, rectal bleeding, intolerance to specific foods, dysphagia, pyrosis, unusual flatulence or eructations, jaundice, hemorrhoids, constipation, hematemesis.

Genitourinary system – Admits urinary hesitancy, frequency, mild nocturia. Denies urinary urgency, flank pain, oliguria, polyuria, or dysuria.

Nervous – Denies seizures, headache, loss of consciousness, sensory disturbances, ataxia, loss of strength, change in cognition / mental status, weakness or recent onset memory loss.

Musculoskeletal system – Admits diffuse pain. Denies deformity or swelling, redness or arthritis.

Peripheral vascular system – Denies peripheral edema, discolorations, coldness or trophic changes.

Hematological system – **Admits epistaxis.** Denies history of easy bruising, anemia, lymph node enlargement, or prior history of DVT/PE.

Endocrine system – Denies polydipsia, polyphagia, heat or cold intolerance, excessive sweating prior to admission, hirsutism, or goiter.

Psychiatric – Denies history.

Physical

General: 61 year old male appears well groomed, dressed appropriately for the weather, A&Ox3, looking about the stated age of 61. Pt appears mildly uncomfortable and agitated.

Vital Signs:
BP: Seated: 139/88
HR: 89 BPM
R: 16 min unlabored
T: 98.2F (forehead)
O2 Sat: 97% room air
Weight: 260 BMI: 35.26

Physical Exam:

Skin: Non diaphoretic. Warm and moist, with good turgor. Nonicteric, no erythema, pigmentation, lesions, unhealed scars, or tattoos.
Hair: Normal hair distribution. No lesions, lice, or seborrhea.
Nails: No clubbing, lesions or infection. Capillary refill <2 seconds in upper extremities.
Head: Normocephalic, atraumatic, non tender to palpation throughout. No swelling noted.
Eyes: Symmetrical OU. No strabismus, exophthalmos, or ptosis. Sclera white, cornea clear, conjunctiva pale pink.
Visual acuity - not assessed..
Visual fields - full OU. PERRLA, EOMs intact with no nystagmus.
Ears: Symmetrical and appropriate in size. No lesions, scars, scabs, erythema or tenderness present. Ear canal nonerythematous, no masses, foreign bodies present. Cone of light, tympanic membrane noted.
Nose: Nasal packing in place in left nare. Right nasal mucosa pink with no discharge or bleeding noted. No bony deformities noted. Mild tenderness to left nare. Septum difficult to assess. No foreign bodies observed in right nare.
Sinuses: Maxillary sinuses mildly tender. Frontal sinuses nontender to palpation.
Lips: Pink, moist, and mildly dehydrated.
Mucosa: Pink, no masses, mildly dehydrated, nontender, no leukoplakia.
Palate: Pink, intact with no lesions, scars, erosion.
Teeth: Good dentition.
Gingivae: Pink, moist, no hyperplasia, masses, lesions, discharge.
Tongue: Pink, well papillated, no masses, lesions, deviations. Frenulum intact.
Oropharynx: No exudates, masses, lesions, foreign bodies. Tonsils present with no exudate. Uvula: pink, no edema.
Neck: Trachea midline. No masses, lesions, scars. FROM, no stridor, 2+ carotid pulse, no thrills, no bruits noted bilaterally, no cervical adenopathy, JVD noted.
Thyroid: Non-tender, no palpable masses, no thyromegaly, no bruits noted.
Chest: Symmetrical, no deformities, no trauma. Respirations unlabored.
Lungs: Faint wheezing auscultated. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus symmetric throughout.
Heart: No JVP present. Irregular rate, irregular rhythm. S1 and S2 are distinct with no murmurs, S3 or S4. No splitting of S2 or friction rubs appreciated.
Abdomen: Nontender, nondistended abdomen. No CVA tenderness appreciated. No striae or pulsations noted. Normoactive bowel sounds present with no aortic/renal/iliac or femoral bruits. Tympanic throughout, no guarding or rebound noted. No hepatosplenomegaly to palpation.
Rectal: not performed
Neuro Exam: Mental status normal with no focal deficits. Gait was not assessed because patient became agitated and uncooperative.
PVS: Extremities are warm and without edema. No varicosities or stasis changes. Calves are supple and nontender. Pulses are 2+ and symmetric.
MSK: No erythema, warmth or crepitus noted. FROM bilaterally in upper and lower extremities.

Differentials: Spontaneous epistaxis 2/2 inhalation of dry air vs unknown digital trauma vs unknown hereditary bleeding disorder

Labs:

Sodium - 135
Potassium - 4.2
Chloride - 99
Calcium total level - 8.9
Magnesium - 1.8

BUN - 14.5
Creatinine - 0.76
BUN/Cr - 19
Glucose - 98
Anion gap - 13
GFR - 90

WBC - 5.71
RBC - 4.37 —> 3.76 (03/26/-03/27)
Hgb - 14.1 —> 12.4 (03/26/-03/27)
Hct - 40.8 —> 37.5 (03/26/-03/27)
MCV - 93.4
MCH - 32.3
MCHC - 34.6
RDW - 13.4
Plt - 164
Mean platelet volume - 8.7

Lipids
Cholesterol - 157
HDL - 103
LDL - 46
Cholesterol/HDL ratio - 1.5
Triglycerides - 86.0

TSH - 2.24
T4 - 6.09

PT - 11.1
aPTT - 33.6
INR - 0.98

T&S - A-

Problem list:

- Epistaxis
- HTN

- Afib
- COPD
- BPH
- GERD
- Chronic pain

Assessment:
M.C. is a 61 y/o M with Afib on Eliquis, HTN, COPD, BPH, GERD and chronic pain presenting with epistaxis x4 hours. ENT packed the nare with tranexamic acid soaked Rhino rocket.

Plan:
- **Admit to medicine for epistaxis management**

#Epistaxis
- As per ENT
  - Nasal packing to remain in place for 24-48 hours
  - Continue Unasyn 3g IV q8h
  - Monitor for recurrent bleeding
- Obtain CT Head without IV contrast
- DVT prophylaxis: SCD

#HTN/Afib
- Continue home Losartan - 50mg PO QD
- Continue home Atenolol - 25mg PO QD
- Hold Eliquis until cleared by ENT
- Monitor BP

#COPD
- Continue Albuterol - 1 puff q6 PRN
- Continue Fluticasone salmeterol - 500/50 1 puff BID

#GERD
- Continue Prilosec - 10mg PO QD

#BPH
- Continue Tamsulosin - 0.4mg PO QD

#Chronic pain
- Hold PO Dilaudid, increase IV Dilaudid to 3mg q4h
- Continue Morphine - 30mg PO BID
- Consult pain management

Updated Hospital Medication List:

Albuterol - 1 puff q6 PRN
Atenolol - 25mg PO QD
Fluticasone salmeterol - 500/50 1 puff BID
Hydromorphone - 3mg IV q4h PRN
Morphine - 30mg PO BID
Losartan - 50mg PO QD
Atorvastatin - 10mg PO nightly
Prilosec - 10mg PO QD
Tamsulosin - 0.4mg PO QD
Unsasyn - 8mg IV q8h

Patient Education:
The patient was educated that he should avoid any digital trauma, nose picking, or blowing his nose hard while he remains in the hospital and for the following week after he is discharged. He was told that he was correct in his attempt to stop the bleed with pressure and that it was appropriate that he came to the ED when he was unable to. The pt was made aware that the nosebleed may have been caused by a few different factors. Although the pt denied any digital trauma, the pt was reminded to avoid this as it is the number 1 cause of epistaxis. Although the pt denied any illicit drug use, the pt was also reminded that this can potentially be a cause of epistaxis and he was reminded of the dangers in engaging in this behavior. The pt was told that the nasal packing would remain in place for about 24 hours. After this, he will be given more instructions upon his discharge. This will include an ENT follow up in 1-2 weeks.

Article

- Hu L, Gordon SA, Swaminathan A, Wu T, Lebowitz R, Lieberman S. Utilization of Prophylactic Antibiotics After Nasal Packing for Epistaxis. *J Emerg Med*. 2021;60(2):144-149. doi:10.1016/j.jemermed.2020.10.011

This retrospective cohort study attempted to understand the benefits of prophylactic antibiotics with nasal packing. 275 cases of nasal packing secondary to epistaxis in the Emergency Room were reviewed. Both absorbable and non absorbable packing were used. The majority of patients that received absorbable nasal packing did not receive prophylactic antibiotics while 73% of patients with non absorbable nasal packing were treated prophylactically. No cases of toxic shock syndrome were reported among any of the patients. One case of sinusitis was reported in the group that received non absorbable packing with prophylactic antibiotics, while no cases of sinusitis were reported in the group of patients that received non absorbable packing without prophylactic antibiotics. No cases of sinusitis were reported in the group that received absorbable packing with prophylaxis, while one case reported in the group that did not receive prophylaxis with absorbable packing. The authors conclude that there is no clear advantage to treating patients prophylactically when they undergo nasal packing for epistaxis control.