

887 A Quality Improvement Project: Implementation of a New Epistaxis Pathway

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Introduction: Epistaxis is one of the most common ENT conditions leading to unplanned hospital admission. This closed loop quality improvement project looked at epistaxis admissions, and whether patients could be safely managed on an ambulatory basis with unilateral intranasal packing, through the implementation of a new epistaxis pathway.

Method: Two prospective cycles at a District General Hospital. First cycle: three-month period (October-December 2018); recorded all patients admitted with epistaxis and the percentage with intranasal packing; criteria for discharge with unilateral intranasal packing created (including normal observations, normal clotting/haemoglobin, only on aspirin, safe home environment). Second cycle (after implementation of new pathway): two months (December 2019 and January 2020); recorded all patients admitted with epistaxis or discharged with unilateral intranasal packing; patient feedback obtained.

Results: First cycle: 31 epistaxis admissions; 12 patients met discharge criteria; average length of stay was 1.4 days. Second cycle: 22 epistaxis admissions; 4 admissions were avoided; 2 admissions were unnecessary according to new pathway; no patient-reported issues with pack at home.

Conclusions: Successful creation and initial implementation of pathway with no adverse outcomes. Approximately £1380 of savings through avoided admissions. Pathway expanded and successfully used during COVID-19 to include patients on anticoagulation as suitable for discharge with intranasal packing.