SYMPTOM

Nosebleed

A nosebleed is bleeding from blood vessels inside one or both nostrils.

WHAT IT FEELS LIKE
Blood dripping from the nose or throat

WHERE IT IS FELT
Inside one or both nostrils

MOST COMMON CAUSES
Dry air, nose picking, forceful nose blowing

WHEN IT IS URGENT
Bleeding continues after 20 minutes of firm pressure

USUALLY LASTS
A few minutes when pressure stops the bleeding

SEE A DOCTOR IF
Nosebleeds recur or you bruise more easily

Overview

A nosebleed happens when a small blood vessel inside the nose breaks. The medical term is epistaxis .

Most nosebleeds begin near the front of the nasal septum, the wall between the nostrils. This area contains many delicate blood vessels that can be irritated by dryness, rubbing, picking, or forceful nose blowing. Bleeding from farther back in the nose is less common and may be harder to control.

A nosebleed can look dramatic because blood spreads quickly. Most are not dangerous and stop with firm, continuous pressure. However, bleeding that is heavy, follows a major injury, affects breathing, or does not stop needs prompt medical care.

What it may feel or look like

Blood may drip or flow from one nostril, although it can come from both. You may taste blood or feel it running down the back of your throat, especially if you tilt your head back. Swallowing blood can cause nausea or vomiting.

A mild nosebleed may leave only a few spots on a tissue. A stronger one may produce a steady stream or blood clots. The inside of the nose may also feel dry, sore, itchy, or blocked.

Seek care based on how much you are bleeding, whether it stops with pressure, and how you feel overall-not only on how alarming it looks.

Common causes

Common causes involve irritation near the front of the nose. These include:

Oxygen delivered through the nose and continuous positive airway pressure, or CPAP, can sometimes dry the nasal lining.

Less common causes include a foreign object in the nose, recent nasal surgery, a crooked or damaged nasal septum, and ongoing inflammation. Medicines that reduce blood clotting, including anticoagulants and antiplatelet medicines, may make bleeding last longer. Some bleeding or platelet disorders can also cause repeated nosebleeds.

High blood pressure is not usually the only cause of a nosebleed, but severely raised blood pressure may make bleeding harder to control.

Rarely, repeated bleeding-particularly from one side with ongoing blockage, facial symptoms, or an unusual growth-may be linked to a problem deeper inside the nose. These symptoms should be assessed rather than assumed to have a serious cause.

- Dry indoor air or cold weather
- Nose picking, rubbing, or scratching
- Forceful or frequent nose blowing
- Colds, allergies, or sinus irritation
- Incorrect use of nasal sprays
- Minor bumps to the nose

When to seek medical care

Get emergency help now if:

Seek urgent same-day care if the bleeding continues after 20 minutes of firm, uninterrupted pressure on the soft part of the nose. Also get prompt advice if you take medicine that reduces blood clotting and the bleeding is difficult to stop. Do not stop prescribed medicine unless a healthcare professional tells you to.

Book a routine appointment if nosebleeds keep returning, happen without a clear trigger, or come with easy bruising, bleeding gums, unusual tiredness, or other unexplained bleeding. A child with repeated bleeding or a possible object in the nose should also be examined. Do not try to remove a deeply lodged object yourself.

- You are having trouble breathing
- Bleeding is very heavy or pouring into your throat
- You feel faint, confused, extremely weak, or short of breath
- The bleeding followed a major injury to the head or face
- You may have swallowed a large amount of blood and are repeatedly vomiting

How the cause is found

A healthcare professional may ask when the bleeding began, how often it happens, which nostril is involved, and what you were doing beforehand. They may ask about injuries, allergies, nasal sprays, other bleeding, and medicines or supplements that affect clotting.

They will usually look inside the nose with a light and may check your blood pressure. If bleeding keeps returning or its source cannot be seen, an ear, nose, and throat specialist may examine deeper areas using a thin viewing instrument called an endoscope.

Blood tests are not needed for every nosebleed. They may be considered when bleeding is severe or recurrent, or when there are signs of anemia, a clotting problem, or another medical condition.

Treatment and self-care

To stop a nosebleed:

Do not tilt your head back. This directs blood into your throat rather than stopping the bleeding. Do not pack the nose with tissues or other objects, as removing them may restart bleeding.

After bleeding stops, avoid picking or blowing your nose for about 24 hours. Avoid heavy lifting, strenuous exercise, hot drinks, and very hot showers for the rest of the day because they may restart bleeding.

Saline nasal spray, saline gel, or a humidifier may help if dryness is a trigger. If you use a medicated nasal spray, aim it slightly outward toward the ear rather than toward the septum.

Medical treatment may include sealing the bleeding vessel with a chemical or electrical treatment called cautery . Persistent bleeding may require nasal packing. Bleeding from deeper vessels may occasionally need a procedure to block or tie off the affected artery.

- Sit upright and lean slightly forward.
- Breathe through your mouth and spit out blood that reaches your throat.
- Pinch the soft part of your nose, just above the nostril openings.
- Keep steady pressure for 10 to 15 minutes without releasing it to check.
- If bleeding has not stopped after 20 minutes of correct pressure, seek urgent care.

What to expect

Most minor nosebleeds stop within several minutes when the soft part of the nose is compressed correctly. Mild soreness or blood-stained mucus can occur afterward.

A nosebleed may return if the healing area becomes dry or is disturbed by blowing, rubbing, or picking. Regular moisture and avoiding irritation can help.

Repeated nosebleeds do not point to one specific diagnosis. Their significance depends on factors such as frequency, severity, medicines, other bleeding symptoms, and what an examination shows.

Common questions

Should I tilt my head back?

No. Sit upright and lean forward so blood can leave through the nose instead of running into your throat.

Should I pinch the bony bridge of my nose?

No. Pinch the soft lower part, closing both nostrils even if only one side is bleeding.

Can I lie down?

Sitting upright is better during active bleeding. Lying flat may allow more blood to run down your throat.

Do blood-thinning medicines cause nosebleeds?

They may not start the bleeding, but they can make it last longer. Tell a healthcare professional what you take, including aspirin and non-prescription products. Do not change prescribed

treatment on your own.

Why does my child keep getting nosebleeds?

Dryness, colds, allergies, and nose picking are common triggers in children. Repeated, one-sided, or difficult-to-stop bleeding should be discussed with a healthcare professional.

Sources

- American Academy of Otolaryngology-Head and Neck Surgery Foundation. Clinical Practice Guideline: Nosebleed (Epistaxis). 2020
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- Mayo Clinic. Nosebleeds: First Aid. Patient guidance on positioning, pressure, and follow-up
- Merck Manual Consumer Version. Nosebleeds. Overview of causes, assessment, and treatment
- StatPearls Publishing. Epistaxis. Clinical review of evaluation and management, updated regularly