the eustachian tube and sinus openings, resulting in ear discomfort, possible otitis media, or sinusitis. Oral and nasal dryness can be minimized by use of a high-humidity face tent. Nursing care of the client with nasal packing is outlined in the box below.

A Foley catheter or inflatable nasal balloons may be used as an alternative to posterior nasal packing for effective tamponade. The catheter or nasal balloon is inserted through the nose into the nasopharynx, inflated, and left in place for 2 to 3 days.

**Surgery**

Chemical or surgical cautery procedures may be used to sclerose involved vessels in the anterior aspect of the nose. The resulting scab must be left undisturbed until the mucosa has healed, or further bleeding may occur.

Surgical procedures to control bleeding are often preferred to posterior nasal packing for posterior bleeding. The bleeding vessel may be cauterized using an endoscopic approach. In some cases, surgery is required to occlude the internal maxil-

### Nursing Care of the Client with Nasal Packing

- Continuously monitor oxygen saturation. Administer supplementary oxygen as ordered. *Posterior nasal packing causes hypoxemia. Supplemental oxygen is given to maintain tissue oxygenation.*
- Frequently monitor vital signs and respiratory rate or pattern. *Posterior nasal packing increases the risk for respiratory and cardiovascular complications. Tachycardia and tachypnea may be early signs of cardiac or respiratory compromise.*
- Inspect the mouth and oropharynx. Notify the physician if the packing is seen in the oropharynx. *Misplacement of nasal packing can obstruct the upper airway.*
- Elevate the head of the bed. *Elevating the head of the bed facilitates ventilation.*
- Encourage deep, slow breathing through the mouth. Provide psychologic support, reassurance, and teaching. *Inability to breathe through the nose causes anxiety and fear.*
- Check for blood at the back of the throat and frequent swallowing. *Visible blood or frequent swallowing could indicate posterior bleeding.*
- Report hematemesis. *Bleeding from the posterior portion of the nose often drains down the nasopharynx and is swallowed. Hematemesis may indicate continued bleeding.*
- Apply cold compresses to nose. *An ice or cold compress decreases pain and promotes vasoconstriction, decreasing bleeding and swelling.*
- Provide for rest. *Rest reduces the metabolic demands and oxygen consumption.*
- Ensure adequate oral fluid intake. *Fluid intake helps maintain fluid balance and decreases dryness of oral mucous membranes because of mouth breathing.*
- Provide frequent oral hygiene. *Use a bedside humidifier. These measures reduce drying of oral mucous membranes and promote comfort.*