A comparison of Rapid Rhino nasal tamponades to Rhino Rocket for the treatment of epistaxis in the emergency department:\(^1\): Rapid Rhino epistaxis products provide greater patient comfort at insertion, and at removal.

Low-pressure tamponade

- As the cuff inflates, it conforms to nasal anatomy, providing a gentle, low-pressure tamponade that delivers the CMC fabric directly to the bleed site.
- The amount of air is determined by the size of the patient’s anatomy.

Patient discharge

- Simply tape pilot cuff to the side of the patient’s face. Hydrocolloid fabric will remain moist allowing for early removal.
- Non-adherent surface will not stick, minimizing subsequent re-bleeds.

IMPORTANT: Prior to discharge of patient, wait 10-15 minutes and squeeze pilot cuff. If pilot cuff is no longer round and firm, add air until firm. Tape the plastic swallow guard butterfly cuff to cheek. This will prevent the device from migration.

Cuff inflation

- Using a 20ml syringe, inflate the Rapid Rhino device with **AIR only**. Monitor the pilot cuff for direct tactile feedback.
- Stop inflation when the pilot cuff becomes rounded and feels firm when squeezed. Similar to placement of an endotracheal tube.

Material handling

- Soak in sterile water for a FULL 30 seconds.
- **DO NOT** apply lubricants or antibiotic ointments to the CMC fabric. They will inhibit the hemostatic properties of the hydrocolloid material.

Placement technique

- Have patient gently blow their nose to rid the nasal cavity of any excess blood and clots.
- Insert the Rapid Rhino device into the nasal cavity along the septal floor and parallel to the hard palate until the plastic proximal fabric ring is well within the nares.

Deflation and removal

- Use a 20cc syringe to completely evacuate the air.
- Patient may follow up with an ENT specialist or their primary care physician for device removal.
- Patient should seek follow up medical attention 24-72 hours after discharge.
- Gently slide the deflated cuff out of the nose.