**EmergencyKT: Hemoptysis**

**Patient Presents with Expectorated Blood**

**Non-massive Hemoptysis**

- **H&P suggests pseudo-hemoptysis**?
  - Yes → Pursue alternative diagnosis and treatment
  - No

- **CXR**
  - Yes → Imaging/
    clinical picture consistent with bronchitis or uncomplicated pneumonia?
  - No

- **Imaging**
  - Yes → CT Chest without contrast
    - Close f/u with Pulmonology if patient discharged
  - No

- **Concern for Pulmonary/Renal Syndrome?**
  - Yes → Obtain Rheum Labs
    - C-ANCA, P-ANCA, Anti-GBM antibodies
    - ANA, Anti-Smith Antibody
  - No

- **Consider other Etiology**

**Massive Hemoptysis**

- **If any suspicion of TB:** Airborne Precautions

- **Dual large bore IV, O2, Monitor**

- **Intubate with 8.0 ETT**

- **Chest X-ray**
  - Place affected side down in lateral decubitus position if pathology lateralized on chest x-ray.

- **Resuscitation**
  - Consider early blood products
  - Correct coagulation abnormalities
  - Reverse novel anti-coagulants
  - Consider TXA 1 gram IV

- **Labs**
  - CBC, BMP, PT/PTT, TEG
  - Type & Cross, ABG

- **Emergent Consults**
  - Interventional Pulm (fellow & attending)
  - MICU fellow
  - CT Surgery
  - Interventional Radiology

- **Further intervention per specialists**
  - Consider CT Angio if patient stable enough for transport to scanner

- **Consider mainstem intubation**

- **Disposition per specialists**
  - OR vs IR vs ICU

---

**Massive Hemoptysis**
- >100mL in 24 hours
- Abnormal gas exchange or airway obstruction
- Hemodynamic instability

**≥2 Risk Factors**
- Age ≥40
- ≥30 pack years
- ≥7 days hemoptysis
- OR
- ≥30 ml hemoptysis / day

**Pseudohemoptysis:** Bleeding not originating below the vocal cords in the tracheobronchial tree

**Massive Hemoptysis**

- Disease specific workup and therapy
- F/U with Pulmonology if symptoms do not resolve in ≤7 days
- Disposition based on overall clinical assessment (CURB-65 or PORT score for PNA)
- Consider PPD if TB on DDx

---

**Pulmonary/Renal Syndrome**
- Wegener’s, Goodpasteur’s Syndromes, PE, Mitral Stenosis, Acute on Chronic CHF, Foreign Body, Septic Emboli, Fungal Infections, Bronchiectasis

---

9-30-14
SELECTED REFERENCES


Revel et al. “Can CT Replace Bronchoscopy in the Detection of the Site and Cause of Bleeding in Patients with Large or Massive Hemoptysis”. AJR:179, November 2002


