

Hemoptysis

6/18/17

Not the most common complaint, but not an opportunity you want to miss to sound smart when presenting to your attending in the ED, either. Hemoptysis has traditionally been divided into 2 main categories, but here is my 3-category approach that will help you know which tests to order based on the severity of hemoptysis in front of you.

My 3 categories of Hemoptysis:

1. "Super mild, streaky"
 - a. Bronchitis (MC in developed countries)
 - b. Order:
 - i. CXR to r/o other causes of hemoptysis
2. "Scary, but stable" (looks good → coughing up frank blood)
 - a. Order:
 - i. CT scan
 - ii. CBC (HCT, HGB, Platelets) note: 6 hour lag s/p bleed
 - iii. Coags: PTT and INR
 - iv. Electrolyte panel (CMP): kidney function prior to CT w/ contrast
 - v. Urinalysis: screens for Vasculidities (along with electrolytes)
3. "Oh-my-god-dear-god-that's-a-lot-of-blood-please-stop-bleeding-oh-crap-now-they're drowning-in-their-own-blood"
 - a. Intubate – Bronchoscopy – Consult
 - b. Consult: Cardiothoracic surgery vs. Interventional radiology

Notes:

- Most Common = (MC)
- Bronchitis is the most common form of Hemoptysis (in developed countries)
- Other causes of hemoptysis: Pneumonia, Cancer, Pulmonary embolism, the Vasculidities (Goodpasture's disease, Wegener's granulomatosis)