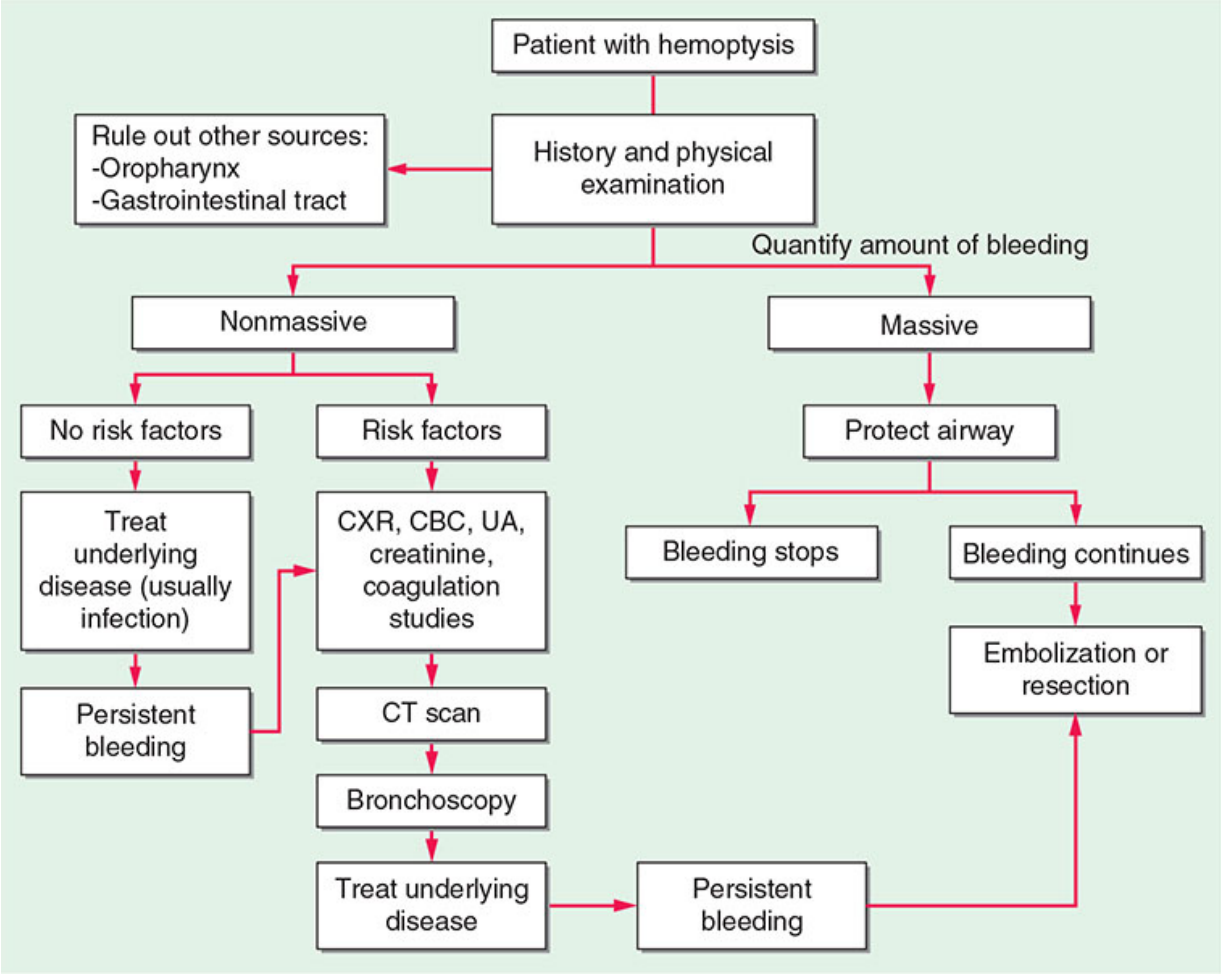

FIGURE 39-1 Approach to the management of hemoptysis. CBC, complete blood count; CT, computed tomography; CXR, chest x-ray; UA, urinalysis.

While there is no agreed-upon volume, blood loss of 400 mL in 24 h or 100–150 mL expectorated at one time should be considered *life-threatening hemoptysis*. These numbers derive from the blood volume of the tracheobronchial tree (generally 100–200 mL). Patients rarely die of exsanguination but, rather, are at risk of death due to asphyxiation from blood filling the airways and airspaces. Most patients cannot describe the volume of their hemoptysis in milliliters, so using referents like cups (one U.S. cup is 236 mL) can be helpful. Fortunately, life-threatening hemoptysis only accounts for 5–15% of cases of hemoptysis.

The history may point to the cause of hemoptysis. Fever, chills, or antecedent cough may suggest infection. A history of smoking or unintentional weight loss makes malignancy more likely. Patients