

Toolbox Category	Components	Considerations
Assess the AIRWAY	ASPIRATE	Clear the airway
	AIRWAY	Big O: Large-bore endotracheal intubation 1: Mainstem bronchus intubation 2: Double lumen intubation*
	ANESTHESIA	
BLOCK the Blood	BAD side down	Lateral decubitus positioning
	BRONCH	Lateralize the bleed Clear the airway Direct tube
	Endobronchial BLOCKER	
Cause a CLOT	COMPRESSION	Direct tamponade Wedge
	COLD	Ice-cold saline irrigation
	vasoCONSTRICTION	Epinephrine Vasopressin
	COAGULANTS	Thrombin +/- Fibrin Tranexamic Acid Oxidized Regenerated Cellulose
	CAUTERY	Electrocautery Argon Plasma Coagulation Laser
DEFINITIVE Therapy	IR Consult	Bronchial Artery Embolization
	Surgical Consult	Resection
	Rigid Bronchoscopy	ENT, IP, Surgery
EVERYTHING ELSE	Volume resuscitation	
	Labs	ABG
		BUN
		CBC
		Coags Type & Cross
Medications	Anticoagulants Antiplatelets	
	Correct Coagulopathies	

**Table 1: ABCDE Approach for Massive Hemoptysis.** The components of the “ABCDE Approach”. The first column contains the categories in the toolbox, the second column shows components to consider for each category, and the third column lists relevant data, diagnostic or therapeutic considerations for components. \*Double lumen intubation is *not* recommended for most cases of massive hemoptysis. ABG: arterial blood gas; BUN: blood urea nitrogen; CBC: complete blood count; Coags: coagulation testing including prothrombin time, partial thromboplastin time, and international normalized ratio; ENT: Ear, Nose and Throat surgery; IP: Interventional Pulmonology; IR: Interventional Radiology.