1. Haemoptysis is defined as any blood expelled from the mouth by coughing.  
2. Blood from massive nosebleeds that is coughed up through the mouth is the most common and harmless cause of haemoptysis.  
3. True haemoptysis is only defined as blood loss from the tracheobronchial tree or pulmonary parenchyma.  
4. Multiple episodes of haemoptysis with small amounts of blood that add up to an estimated volume loss of at least 200 mL or more in 24 hours is considered as massive haemoptysis.  
5. Massive haemoptysis is rare and accounts for less than 1% of haemoptysis cases.  
6. Massive haemoptysis has an associated mortality of above 75%.  
7. The five more common causes of haemoptysis can be grouped into infective, neoplastic, vascular, autoimmune and drug-related causes.  
8. Pneumonia is not a common underlying cause for patients presenting with haemoptysis.  
9. Tuberculosis is a common cause of haemoptysis, but not a common cause of massive haemoptysis.  
10. Tuberculosis is a rare diagnosis with an incidence rate of approximately 1–2 per 100,000 population in Singapore and should not be suspected in patients with haemoptysis.  
11. Lung metastases that cause haemoptysis can come from other primary malignancies such as breast, kidney, gastrointestinal, ovarian and cervical cancers.  
12. The presence of vasculitic rash, haematuria, joint pain or swelling may be suggestive of underlying autoimmune diseases that may contribute to haemoptysis.  
13. Common drugs that may increase the risk of haemoptysis include anticoagulants and antiplatelet agents.  
14. The presence of haemoptysis caused by anticoagulants and antiplatelet agents is a compelling reason to stop these medications, regardless of their indications.  
15. A thorough clinical history-taking and physical examination in the primary care setting is important as it helps to narrow down the differential list and also quantify the amount of blood lost.  
16. Chest radiography should be performed for every patient who presents with haemoptysis to screen for any focal or diffuse parenchymal involvement as well as pleural abnormalities.  
17. When a patient with non-massive haemoptysis has a normal chest radiograph and no haemodynamic instability, no additional testing is required if the risk of massive bleed is low in the acute setting.  
18. A patient presenting with haemoptysis who has a normal chest radiograph but is at increased risk of malignancy (i.e. 30 pack-years of smoking, age ≥ 40 years) will still require computed tomography of the chest.  
19. In patients presenting with massive haemoptysis with haemodynamic instability, the priorities of management should be the patient’s airway, breathing and circulation.  
20. While waiting for the ambulance, the patient should be placed in the lateral decubitus position with the affected lung in a dependent position to avoid pooling of blood in the unaffected lung.