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Pulmonary Embolism

A blood clot that travels to the lungs. How it feels, how it's treated, and when to call 911.

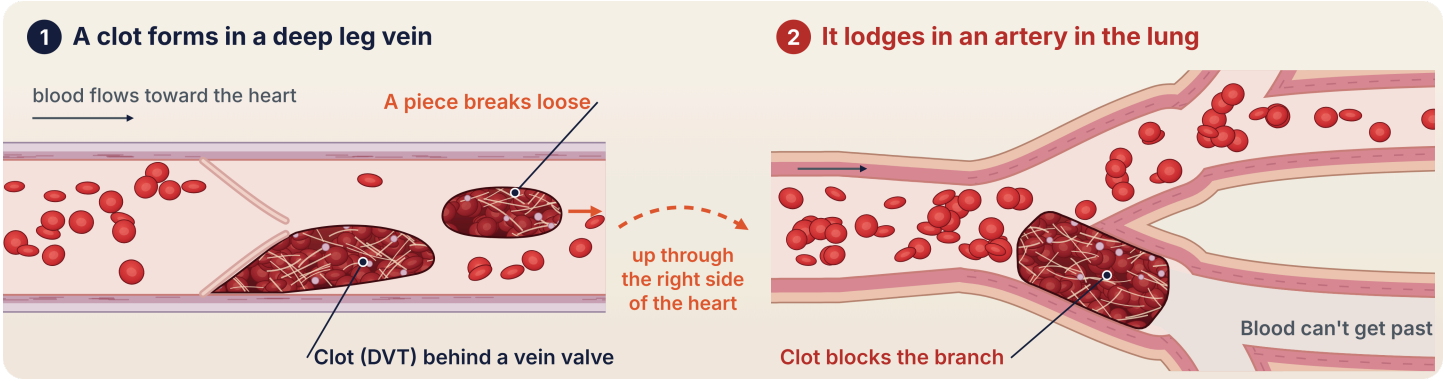
~80%
have shortness of breath that appears out of nowhere

3 months
on blood thinners is usually the minimum, and often it is longer

About half
have lingering breathlessness in the year after, which tends to improve

WHAT IT IS

A clot that travels from the leg to the lungs



A pulmonary embolism (PE) is a blockage in one of the arteries that carry blood from the right side of the heart into the lungs, almost always caused by a blood clot. The clot usually forms in a deep vein of the leg or pelvis, a deep vein thrombosis (DVT). A piece breaks loose, rides up through the right side of the heart and gets stuck where the lung arteries branch into smaller and smaller vessels.

HOW IT FEELS

Sudden breathlessness is the most common sign

Share of people with a PE who have each sign

Sudden shortness of breath	about 80%
Low oxygen level	about 70%
Sharp chest pain, worse with a deep breath	around 60 to 70%
Very low blood pressure, fainting or shock	about 10 to 20%
Coughing up a little blood	roughly 5 to 13%

Lighter bar shows the range. Most also have a fast heart rate. None of these signs belong only to a PE, and an exam alone can't reliably diagnose or rule one out. Testing is the only dependable way to know.

Call 911

Call 911 or go to the nearest emergency room right away if you have sudden shortness of breath, sharp chest pain that's worse when you breathe in, a racing heart, you cough up blood, or you feel faint or pass out.

GETTING HELP AND GETTING BETTER

Warning signs, treatment and recovery

CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM RIGHT AWAY

Warning signs	Sudden shortness of breath, sharp chest pain that's worse when you breathe in, a racing heart, you cough up blood, or you feel faint or pass out.
Especially if	You also have a swollen, painful leg or any of the risk factors below, such as recent surgery, a long trip, active cancer, or recent childbirth.

WHO IS AT RISK

Short-term triggers	Major surgery, a long stretch of immobility, and serious injury. Anything that keeps blood sitting still in the legs raises the risk, such as a hospital stay, a cast, or a very long flight or car ride.
Ongoing risks	Active cancer (the most common), older age, estrogen-containing birth control, pregnancy and the weeks after delivery, obesity, and inherited conditions that make the blood clot too easily.
No clear trigger	Between a third and a half of PEs happen with no identifiable trigger. That does not make a PE less real or less dangerous.

TREATMENT

blood thinners are the foundation

How they work	Blood thinners stop the clot from growing and stop new clots from forming. Your body gradually breaks down the existing clot over the following weeks.
A pill for most	Usually a direct oral anticoagulant such as apixaban (Eliquis), rivaroxaban, edoxaban or dabigatran, taken once or twice a day. They work as well as warfarin, cause less serious bleeding and need no routine blood monitoring.
How long	Usually at least three months, and often longer. A PE after a temporary trigger like surgery may need a shorter course. An unprovoked PE or one linked to cancer often calls for extended or indefinite treatment.
Large, dangerous clots	These may need clot-busting drugs or a catheter procedure. Clot-busting drugs raise the risk of serious bleeding, so they are reserved for people sick enough to need them.

RECOVERY

Post-PE syndrome	About half of patients have reduced exercise tolerance and breathlessness on exertion in the year after. It tends to improve with time and a gradual return to activity, often guided by cardiac rehabilitation.
CTEPH	In roughly 1 to 4 percent, old clots don't fully clear and the lung arteries stay narrowed (chronic thromboembolic pulmonary hypertension). It is dangerous if left untreated, and often curable with an operation. Tell your doctor about breathlessness that lasts months.
Long trips	On trips over about four hours, move your legs, walk when you can and stay hydrated. If you're on blood thinners, you're already substantially protected. Ask your doctor before a long trip, especially soon after a PE.

DON'T STAY HOME

A pulmonary embolism can be diagnosed and treated quickly, but only if you get evaluated. The cost of coming in and being told you're fine is small, and the cost of staying home with a growing clot can be enormous.

READ THE FULL ARTICLE

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For education only, and not a substitute for advice from your own physician. Sources include the 2026 AHA/ACC multisociety guideline on acute pulmonary embolism (JACC 2026), Freund and colleagues (JAMA 2022), Kahn and de Wit (NEJM 2022), Khan and colleagues (Lancet 2021) and Di Nisio and colleagues (Lancet 2016).

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