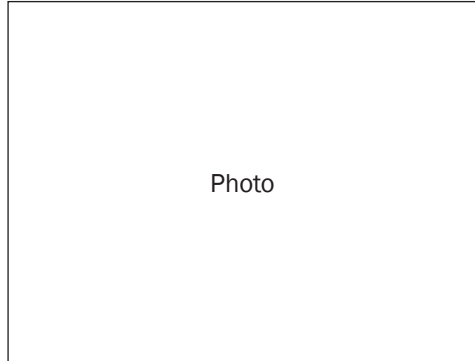


# ACTION PLAN FOR Hereditary Angioedema (HAE)

**Patient details**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Family/emergency contact name: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

**Plan prepared by:**

Dr \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MILD HAE SYMPTOMS**

- Peripheral swelling, mild facial swelling
- Mild abdominal pain

**ACTION**

- Pain relief: \_\_\_\_\_
- Observe for progression

**MODERATE TO SEVERE HAE SYMPTOMS - PERIPHERAL SWELLING**

- Severe facial, genital or peripheral swelling, causing significant discomfort or disability

**ACTION**

- In adults administer **Icatibant (Firazyr®)**<sup>1,2</sup> subcutaneously or **C1 INH (Berinert® 20 U/Kg IVI or Cinryze® 1,000 U IVI)**<sup>2,3</sup>
- In children administer **C1 INH (Berinert® 20 U/Kg IVI or Cinryze® 1,000 U IVI)**<sup>2,3</sup>

**MODERATE TO SEVERE HAE SYMPTOMS - ABDOMINAL SYMPTOMS**

- Moderate to severe abdominal pain
- Vomiting, distention
- Dehydration (e.g. dry mouth, thirst, confusion)

**ACTION**

- In adults administer **Icatibant (Firazyr®)**<sup>1,2</sup> subcutaneously or **C1 INH (Berinert® 20 U/Kg IVI or Cinryze® 1,000 U IVI)**<sup>2,3</sup>
- In children administer **C1 INH (Berinert® 20 U/Kg IVI or Cinryze® 1,000 U IVI)**<sup>2,3</sup>
- Seek urgent hospital treatment if symptoms worsen or last longer than 2 hours

**ADDITIONAL HOSPITAL TREATMENT:**

- Opiate analgesia
- IV fluid rehydration
- Give 2nd dose of specific treatment

**MODERATE TO SEVERE HAE SYMPTOMS - AIRWAY SWELLING**

- Tongue swelling
- Throat swelling
- Difficulty with breathing, swallowing, talking (hoarse voice)

**ACTION**

- In adults administer **Icatibant (Firazyr®)**<sup>1,2</sup> subcutaneously or **C1 INH (Berinert® 20 U/Kg IVI or Cinryze® 1,000 U IVI)**<sup>2,3</sup>
- In children administer **C1 INH (Berinert® 20 U/Kg IVI or Cinryze® 1,000 U IVI)**<sup>2,3</sup>
- Phone ambulance - 000 (AU) or 112 (mobile)
- Seek **urgent hospital treatment**

**ADDITIONAL HOSPITAL TREATMENT:**

- Prepare for emergency intubation or cricothyrotomy
- Give 2<sup>nd</sup> dose of specific treatment if inadequate response after 1 hr

NOTE: 1. Icatibant (Firazyr) is approved for use in adults with HAE.  
 2. Patient's own supply either at home or at hospital  
 3. C1 INH (C1 inhibitor concentrate) is approved for use in children and adults with HAE.  
 4. Products cited in this Action Plan are TGA registered hence this information is specific for HAE treatment in Australia  
 5. Adrenaline, antihistamines and corticosteroids are not effective for HAE attacks.