

MANAGEMENT PLAN FOR Hereditary Angioedema (HAE)



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ACUTE HAE ATTACKS

Peripheral swelling

· If appropriate administer medication as described below.

Abdominal pain

- Administer medication as described below.
- Seek urgent hospital treatment if symptoms worsen or last longer than 24 hours.

ADDITIONAL HOSPITAL TREATMENT:

- Opiate analgesia.
- IV fluid rehydration.
- Give dose of C1-INH (Berinert[®]) IV if inadequate response after 1 hour.
- Consider other causes of abdominal pain if no response to specific treatment.

Airway swelling (tongue or throat swelling, difficulty breathing, talking, swallowing).

Phone ambulance - 000 (AU) or 111 (NZ)

- Seek urgent hospital treatment.
- · Administer medication as described below.

ADDITIONAL HOSPITAL TREATMENT:

- Prepare for emergency intubation or cricothyrotomy.
- Give dose of C1-INH (Berinert®) IV if inadequate response after 1 hour.

MEDICATION DOSES FOR ACUTE TREATMENT

Medication	Adults and Children >50Kg	Children
Icatibant ^{1, 2}	30mg/3ml syringe subcutaneous (SC)	12 - 25Kg 10mg (1ml) 26 - 40Kg 15 mg(1.5ml) 41 - 50Kg 20mg (2ml) subcutaneous (SC)
C1-INH (Berinert®)	20 U/Kg IV	20 U/Kg IV

SHORT TERM PROPHYLAXIS

For invasive medical, dental procedures, intubation or oropharyngeal instrumentation:

- Administer C1-INH (Berinert[®]) IV 20 U/Kg, 1-6 hours before procedure
- Have further doses of acute treatment (Icatibant or Berinert®) available.

LONG TERM PROPHYLAXIS

Medication and dose: C1-INH (Berinert®) IV:	Not applicable
C1-INH (Berinert®) SC: Lanadelumab (Takhzyro®):	
Danazol:	

NOTES:

- 1. Adrenaline, antihistamines and corticosteroids are not effective for HAE attacks.
- 2. Use patient's own supply either at home or at hospital.
- This information is specific for HAE treatments that are registered for use in Australia and New Zealand.
- 4. Please refer patient for immunology review after hospital presentation.