



**EMERGENCY CONTACTS**

Other Recommendations / comments: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Please Contact: \_\_\_\_\_

**HEALTHCARE TEAM**

In case of Emergency, Contact my Physician: \_\_\_\_\_

MD/specialty: \_\_\_\_\_

Hospital: \_\_\_\_\_

Other Clinic / Physicians: \_\_\_\_\_

MD / specialty: \_\_\_\_\_

Hospital: \_\_\_\_\_

Date of Recommendation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physician signature: \_\_\_\_\_

**CLINICAL CHARACTERISTICS OF HAE**

Supported by:  
HAE Canada Inc (the  
Hereditary Angioedema  
Patient organization)  
(www.haecanada.org)

**HAE CANADA**

- Laryngeal / airway swelling:  
May result in asphyxiation
- Facial / neck swelling
- Abdominal attacks (abdominal pain,  
cramping, diarrhea, nausea / vomiting)
- Peripheral edema (other regions)

Recurrent non-pruritic edema of skin and  
submucosal tissue associated with pain,  
nausea, vomiting, diarrhea, and  
life-threatening airway swellings<sup>2</sup>.

References:  
1. CHAEN/RCAH WEBSITE FOR EMERGENCY TREATMENT  
www.haecanada.com/files/TreatmentChart110602.pdf  
2. CHAEN/RCAH WEBSITE FOR PROPHYLAXIS  
www.haecanada.com/files/ProphylaxisChart110602.pdf

**Emergency Management of Hereditary Angioedema (HAE)**

**PATIENT IDENTIFICATION**

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

Date of Birth: \_\_\_\_\_

Health System #: \_\_\_\_\_

**PROMPT TREATMENT REQUIRED to PREVENT RAPID DETERIORATION**

Supported by the Canadian Hereditary Angioedema Network (CHAEN) / Réseau Canadien d'Angioédème Héritaire (RCAH) (www.haecanada.com)

**DIAGNOSIS**

HAE is a rare potentially life threatening disease usually caused by C1-esterase inhibitor deficiency associated with tissue swelling (see description on back page of this wallet card).

**PROMPT TREATMENT**

**PROMPT TRIAGE & ASSESSMENT:**

To determine the severity of the swelling.

**PROMPT TREATMENT:**

Will rapidly initiate onset of relief of the angioedema in this patient and decrease morbidity.

**AIRWAY OBSTRUCTION:**

The risk of dying from airway obstruction if left untreated is significant<sup>2</sup>. Consider **early intubation** in progressive laryngeal edema<sup>2</sup>.

**RECOMMENDED TREATMENT**

	C1-INH (IV): 20 U/Kg, 4mL/min # of Vials: _____ of C1-INH 500 units (available at Blood Bank)
	Other: _____

If above not available, consider: solvent detergent treated plasma (SDP) or less safe fresh frozen plasma<sup>2</sup> (2 Units).

Angioedema attacks usually do not respond to treatment with glucocorticoids, antihistamines nor epinephrine<sup>2</sup>.

This patient may require prophylaxis before surgery or dental procedures in order to prevent an angioedema attack<sup>1</sup>.