

CSL Behring
Biotherapies for Life™

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ALERT CARD

Hereditary Angioedema (HAE)

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Recommendations for emergency treatment

This patient is missing or have dysfunctional C1 esterase inhibitor (C1-INH, a complement factor), which may cause local swellings and abdominal pain lasting several days. Should edema in the region of the head and throat occur (risk of laryngeal edema!), immediate treatment with medication indicated for acute treatment of HAE is necessary. The patient normally carries his/her medication when travelling.

Name:

Country of residence:

Personal identity number:

Physician's contact information:

Date:

Signature:

Procedure for emergency treatment

Acute treatment (product):

Dose:

Specific instruction:

NOTE:

- There is no/modest efficacy of antihistamines, corticosteroid or adrenaline.
- Treatment with ACE inhibitor may induce HAE attacks and should be avoided strictly.
- Estrogen therapy may worsen the symptoms.

KEEP AIRWAYS FREE, IN EMERGENCY
INTUBATION OR TRACHEOTOMY

Prevent hypovolemic shock with fluid therapy. If necessary, additional treatment with analgesics, metoclopramide and acid inhibitor.

Medication supply:

Precautions before risk procedures

There is a need for risk assessment and preventive treatment before certain procedures (e.g. interventions in the oral cavity, intubation, endoscopy) and acute attack treatment should always be readily available. The doctor/dentist in charge should contact the treating physician if any questions.

Preventive treatment before risk intervention (adjusted doses for children)

Plasmaderived C1-INH concentrate 1000 i.v. in adults within 6 hours before intervention.

Further information

Patient organizations:

HAE Scandinavia: www.haescan.org/

International: www.haei.org

Further information about treatment:

www.ema.europa.eu

Reference: Maurer M, et al. The international WAO/EAACI guideline for the management of hereditary angioedema – the 2017 revision and update. *Allergy* 2018;1–22. doi: 10.1111/all.13384.