

Name: _____ Date of Birth: _____

Tel: _____ Healthcard No.: _____

MY HEREDITARY ANGIOEDEMA (HAE) CARE PLAN

Complete this form with your healthcare provider

 **Emergency Contact:**

Name: _____ Relationship: _____

Primary Tel: _____ Secondary Tel: _____

 **Physician Details:**

Name: _____ Tel: _____

Email: _____ Fax: _____

Typical Clinical Manifestations of HAE Attacks:

- Laryngeal/airway swelling
- Abdominal pain (nausea, vomiting, diarrhea)
- Facial/neck swelling
- Peripheral swelling (lower legs, feet, arms, hands)

Treatment of Acute Attacks:

If any of the above, and/or: _____

Do this: _____

Reminder: If you are having an angioedema attack involving the upper airway, you should be assessed in the emergency department.

Long-Term Prophylaxis (LTP) Treatment:

- Patient has been trained on self-administration of acute and LTP treatment.

Special Considerations:

- Patient has history of laryngeal swelling requiring hospitalization/intubation.

Patient's known triggers include: _____

Additional information: _____

Plan Prepared By:

HCP Name & Designation: _____

HCP Signature: _____ Date: _____

