


# myHAEcheckup.ca CARE PLAN

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


Tel: \_\_\_\_\_ Healthcard No.: \_\_\_\_\_

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:

- |  |  |
|--|--|
| <input type="checkbox"/> Laryngeal/airway swelling | <input type="checkbox"/> Abdominal pain (nausea, vomiting, diarrhea)         |
| <input type="checkbox"/> Facial/neck swelling      | <input type="checkbox"/> 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: \_\_\_\_\_

