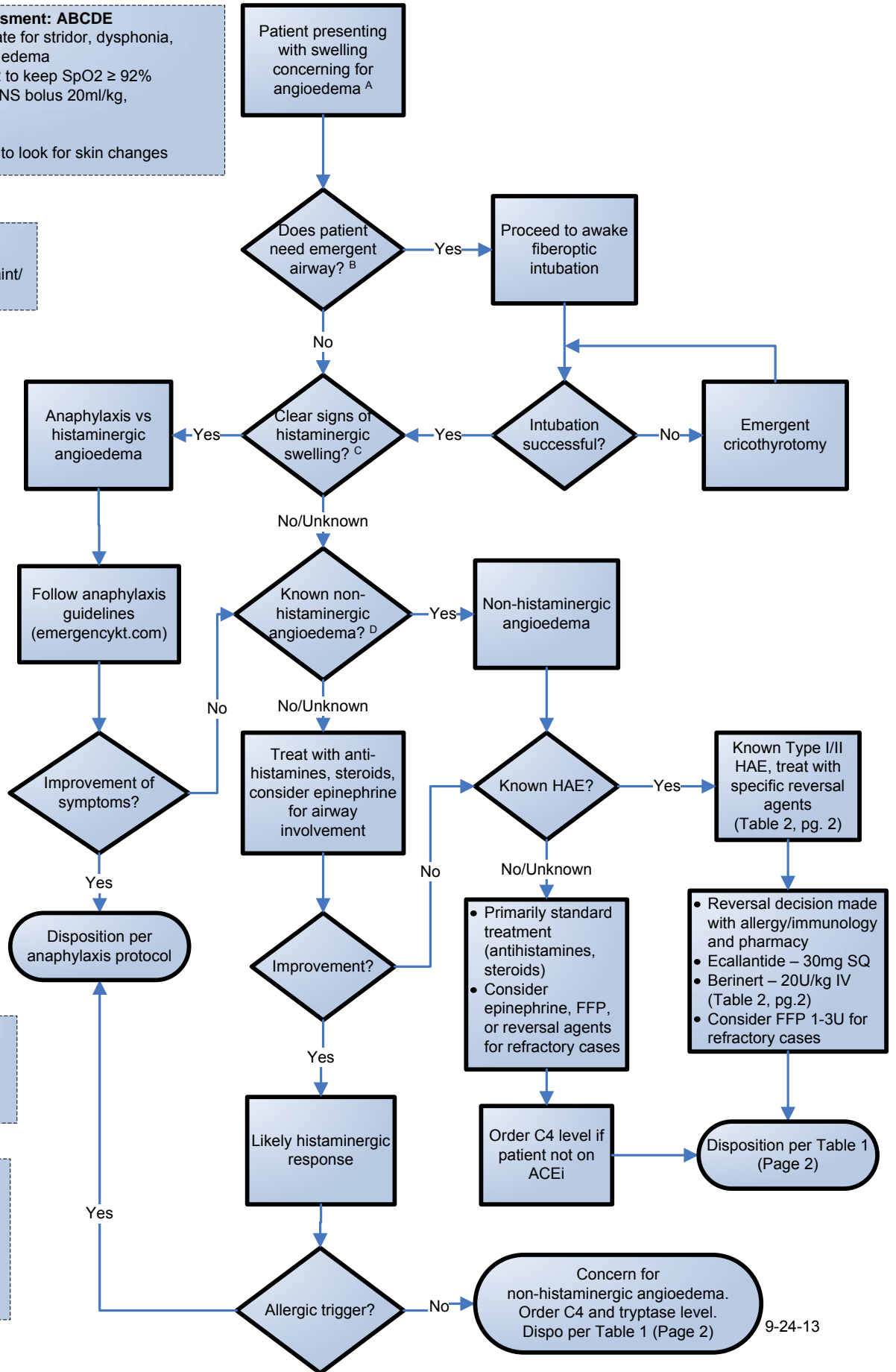


EmergencyKT: Angioedema

A: Initial Assessment: ABCDE

Airway → Prepare to intubate for stridor, dysphonia, tongue/laryngeal edema
 Breathing → Supplemental O2 to keep SpO2 ≥ 92%
 Circulation → 2 large bore IVs. NS bolus 20ml/kg, Trendelenburg
 Disability → Assess for AMS
 Exposure → Remove clothing to look for skin changes

B: Consider NP scope:
 To evaluate for asymptomatic laryngeal swelling if any complaint/evidence of lingular swelling



C: Signs of histaminergic swelling include:
 Urticaria, pruritus, known trigger. Anaphylaxis criteria based on NIAID/FAAN guidelines

D: Categories of non-histaminergic angioedema

- Hereditary Angioedema (HAE)
- Acquired Angioedema
- ACEi Induced
- Allergic
- Idiopathic

EmergencyKT: Angioedema

Table 1.

Stage	Clinical Findings	Disposition
I	Facial rash, facial edema, lip edema	Home vs admission
II	Soft palate edema	Home vs admission
III	Lingual edema	ICU
IV	Laryngeal edema	ICU

Table 2.

Med	Dosing	Mechanism
Plasma derived C1-INH (Berinert)	20U/kg IV	C1-INH replacement
Ecallantide (Kalbitor)	30mg SQ	Kallikrein inhibitor
Icatibant (Firazyr)	30mg SQ	Bradykinin-2 receptor antagonist
Recombinant C1-INH (Ruconest)	50U/kg IV	C1-INH replacement