

CDU APP Workflow for Angioedema

Exclusion Criteria

- Diffuse lingual edema **on presentation** (exception: isolated to anterior 1/3 of the tongue)
- Diagnostic Certainty:
 - presentation more consistent with anaphylaxis (see anaphylaxis protocol)
- Unstable vital signs, impending respiratory failure, severe systemic illness
- Pulse ox < 92% on RA
- Repeat doses of epinephrine within the last 60 minutes
- Multiple or severe co-morbidities likely to complicate disposition
- ESRD on dialysis

Inclusion Criteria

- Clinical picture consistent with mild to moderate angioedema: face/lip and/or soft palate edema
- Need for continued monitoring due to airway concerns, co-morbidities, or risk of progression
- Anticipated length of stay > 8 hours < 24 hours
- ENT consulted

Yes

ED Work Up

- Obtain Labs (C4, Tryptase)
- NP Scope Performed
- Patient treated with H1 and H2 antagonists, steroids, epinephrine*
- Observed for a minimum of 4 hours

*if needed

Yes

Admit to CDU

- Vital signs q4H
- Diet: NPO for first 6 hours (may get regular diet if no edema progression on reassessment)
- Continuous pulse ox
- Diphenhydramine 25mg IV q6H
- Methylprednisolone 60mg IV daily

Improved or Stable Edema?

No

Admit

yes

Discharge
(with prednisone taper over 5-7 days, PCP follow up, Allergy referral)