Physician diagnoses angioedema

HAE less likely: treat as indicated

Urticaria present

Acute angioedema (duration <6 weeks)

Chronic angioedema (duration >6 weeks)

Angioedema of the skin, gastrointestinal tract, or both

Unknown cause

Known deficiency of C1-INH

Angioedema associated with life-threatening symptoms: syncope, hypotension/shock (anaphylaxis), bronchospasm, vomiting, diarrhea, abdominal pain

Emergency care as required

Draw blood for serum tryptase, quantitative and functional measurements of C4 and C1q components of complement

Stabilize patient

Referral to regular floor or ICU

Upon discharge refer patient to allergist

Hereditary type:
Check C4, consider treatment with plasma-derived C1-INH concentrate
Stabilize patient
Refer to allergist (if throat involvement)
Hospitalize to regular floor or ICU

Acquired type:
Check C4 and C1q complement, consider treatment with plasma-derived C1-INH concentrate
Stabilize patient
Refer to allergist (if throat involvement)
Hospitalize to regular floor or ICU

If throat involvement or intestinal wall edema:
Check C4, C1q complement
Rule out VCD by ENT specialist and CT of the throat
Empiric treatment with antihistamines, epinephrine, and corticosteroids
Hospitalize or refer patient to allergist

Known deficiency of C1-INH

Check C4, consider treatment with plasma-derived C1-INH concentrate
Stabilize patient
Refer to allergist
Hospitalize to regular floor or ICU

Refer to allergist

Hospitalize to regular floor or ICU

Upon discharge refer patient to allergist

Hereditary type:
Check C4, consider treatment with plasma-derived C1-INH concentrate
Stabilize patient
Refer to allergist
Hospitalize to regular floor or ICU

Acquired type:
Check C4 and C1q complement, consider treatment with plasma-derived C1-INH concentrate
Stabilize patient
Refer to allergist
Hospitalize to regular floor or ICU

Stabilize patient

Referral to regular floor or ICU

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Known deficiency of C1-INH

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