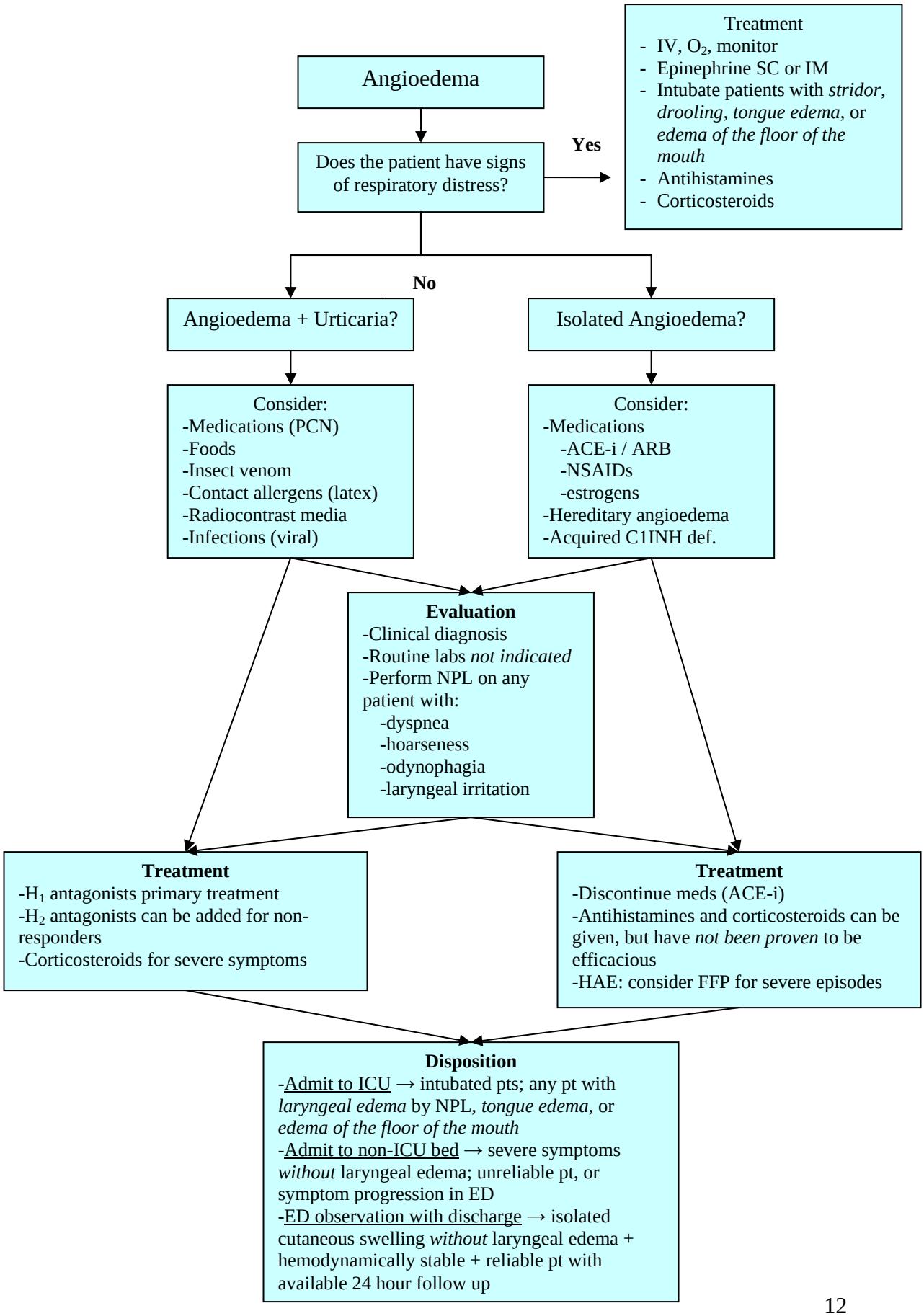
Angioedema
Does the patient have signs of respiratory distress?
Yes
Treatment
- IV, O_2, monitor
- Epinephrine SC or IM
- Intubate patients with *stridor*, *drooling*, *tongue edema*, or *edema of the floor of the mouth*
- Antihistamines
- Corticosteroids
No
Angioedema + Urticaria?
Isolated Angioedema?
Consider:
-Medications (PCN)
-Foods
-Insect venom
-Contact allergens (latex)
-Radiocontrast media
-Infections (viral)
Consider:
-Medications
-ACE-i / ARB
-NSAIDs
-estrogens
-Hereditary angioedema
-Acquired C1INH def.
Evaluation
-Clinical diagnosis
-Routine labs *not indicated*
-Perform NPL on any patient with:
-dyspnea
-hoarseness
-odynophagia
-laryngeal irritation
Treatment
-H_1 antagonists primary treatment
-H_2 antagonists can be added for non-responders
-Corticosteroids for severe symptoms
Treatment
-Discontinue meds (ACE-i)
-Antihistamines and corticosteroids can be given, but have *not been proven* to be efficacious
-HAE: consider FFP for severe episodes
Disposition
-Admit to ICU → intubated pts; any pt with *laryngeal edema* by NPL, *tongue edema*, or *edema of the floor of the mouth*
-Admit to non-ICU bed → severe symptoms *without* laryngeal edema; unreliable pt, or symptom progression in ED
-ED observation with discharge → isolated cutaneous swelling *without* laryngeal edema + hemodynamically stable + reliable pt with available 24 hour follow up