

ANGIOEDEMA

- Swelling, even when **not** occurring with Urticaria or Anaphylaxis can be life threatening.

Information Required

- Site of swelling
- Family history
- ACE-Inhibitor usage
- History of lymphoproliferative disorder
- Possible allergic precipitants (drug / food/ venoms)

Investigations Required

C4 level

Fax referrals to Allergy/Clinical Immunology Service

Flinders Medical Centre

Fax: 08 8204 7483

Red Flag if airway compromised immediate SAAS transfer to Emergency Department (ED).

🚩 All angioedema should be referred and phone for advice and urgent review if:

- 🚩 Low C4
- 🚩 Family history of heredity angioedema

Suggested GP Management

- ACE-inhibitor (should be ceased) ARB's are an acceptable substitute
- Adrenaline auto injecting device (EpiPen) in consultation with the Immunologist/Allergist
- Red, itchy swollen eyes (as a sole problem) represent local ocular/peri orbital allergy and can be treated as such

Clinical Resources

- Australasian society of clinical immunology and allergy –Angioedema
http://www.allergy.org.au/images/stories/aer/in_fobulletins/2010pdf/AER_Angioedema.pdf
- Position paper on Heredity Angioedema. August 2012. <http://www.allergy.org.au/health-professionals/papers/hereditary-angioedema?highlight=WyJhbmdpb2VkdZW1hll0=>

General Information to assist with referrals and the Referral templates for FMC are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNOutpatients

Version	Date from	Date to	Amendment
1.0	September 2014	September 2016	Original
2.0	October 2018	October 2021	Revised – No Changes Required