



要求緊急處理



遺傳性血管性水腫 (HAE): 是一種罕有疾病，嚴重可以短時間致命。由於身體缺乏C1 抑制劑，病發時會導致有腫脹的情況。通常發生在手腳，腹部，面部，頸部，和喉嚨。可以遊覽 <https://haehk.haei.org/> (香港) 或 www.haei.org (國際) 去了解更多信息。

氣道阻塞: 如不處理，病人有高風險因氣道阻塞而死亡。喉，面部和頸的腫脹屬高危險情況需要即時醫治。如氣道有阻塞風險，應由有經驗醫生插導管。緊急氣道切開手術也要預備以防導管已經下不了，以確保病人可以呼吸。

提示治療: 當有腫脹發生時可以一次性注射C1 抑制劑以減少發病率和死亡率。

推薦治療方法: 免疫學醫生建議HAE病人使用(C1-INH, icatibant) C1 抑制劑。糖皮質激素，抗組胺藥，或腎上腺素對HAE 病引起的腫脹完全無效。在沒有其他治療HAE藥物（如C1 抑制劑）的情況下，可以使用冷凍血漿，但要警覺可能會引起更嚴重腫脹。

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這個病人有 HAE 疾病

遺傳性血管性水腫 診斷: ICD-10- D84.1

醫療卡



hae hk

姓名:	<input type="text"/>	出生日期:	<input type="text"/>
國籍:	<input type="text"/>	語言:	<input type="text"/>
香港身份證號碼:	<input type="text"/>	其他過敏病:	<input type="text"/>
血型:	<input type="text"/>	重量:	<input type="text"/>
藥物使用: 填寫現時在用的藥物: <input type="text"/>			



主治醫生:

醫院名稱:



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緊急聯絡人:

與緊急聯絡人關係:



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IMMEDIATE CARE REQUIRED



HEREDITARY ANGIOEDEMA (HAE): HAE is a rare, potentially life-threatening disease, caused by C1 inhibitor deficiency. It is often associated with tissue swelling (edemas) that can locate in peripheral areas (hands, feet), abdomen, face and neck, and larynx. More information at <https://haehk.haei.org/> (local group) and www.haei.org (international group).

AIRWAY OBSTRUCTION: If untreated, the risk of death from an airway obstruction is significant. Laryngeal, facial or neck edemas are extremely serious and should be treated immediately. If the airway is threatened, the patient should be intubated by an experienced physician. In addition, the capability for emergency tracheostomy should be readily available.

PROMPT TREATMENT: Prompt treatment rapidly initiates onset of relief of the swelling attack and decreases morbidity and mortality.

RECOMMENDED TREATMENT: HAE specific treatment as recommended by immunologist (C1-INH, icatibant). HAE attacks do not respond to treatment with glucocorticoids, antihistamines or epinephrine. Frozen plasma can be considered if no HAE specific treatment is available - but beware of possible acute worsening of edema.

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THIS PATIENT HAS HAE

Hereditary Angioedema Diagnosis: ICD-10- D84.1

Medical Card



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Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Nationality:	<input type="text"/>	Languages:	<input type="text"/>
Hong Kong ID No.	<input type="text"/>	Allergies:	<input type="text"/>
Blood group:	<input type="text"/>	Weight:	<input type="text"/>
Treatment: Insert information about treatment carried (if any) <input type="text"/>			



Dr

Hospital name



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Emergency contact name

Emergency contact relation



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