

Department of Immunology and Allergy

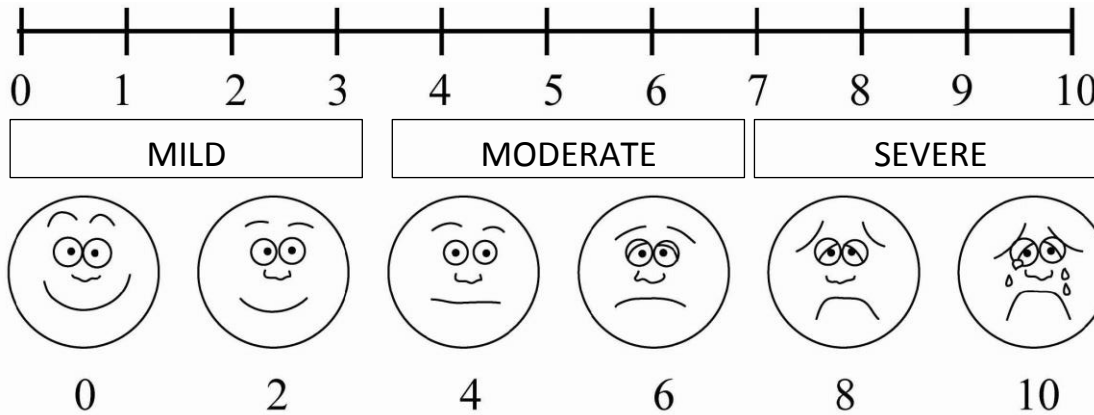
Record of C1 administration infusion

Patients Name:		Date of birth:		Product Name:		Weight kg	
Date	Icatibant used	Site of swelling & severity	Level of severity 1-10	Batch/Dose/ Lot numbers	Infusion start/end times	Adverse reaction (Yes/No)	Signature of staff or patient
	Y/N						
	Y/N						
	Y/N						

For any possible adverse reactions to C1 - please contact the department as soon as possible on Telephone **number: 01782 672504**.

Contacts: Dr Sarah Goddard (Consultant) or Debbie Hughes (Immunology Nurse).

Severity of attack:



MILD

Abdominal cramps
No vomiting or diarrhoea
Swelling of extremity

MODERATE:

Abdominal cramps
Vomiting and/or diarrhoea
Able to get about
No swelling of tongue & lip
No difficulty swallowing

SEVERE:

Severe cramps
Severe vomiting/diarrhoea
Cannot move from bed
Any swelling of tongue or lip
Difficulty breathing or swelling
in throat –need A&E immediately