**Supplemental Table 2.** Injection of C1-INH(SC)a,b

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| **Step** | **Directions** | **Illustration** |
| 1 | Gently pinch clean skin between thumb and fingers. |  |
| 2 | Remove cap from needle.   * If using an SC infusion set: bend and hold wings between thumb and index finger. |  |
| 3 | Whether using an SC infusion set or hypodermic syringe, the needle should be inserted under the skin at a 90° or 45° angle.   * The tip of the needle has to pass through the skin layer but not be so deep as to reach the muscle. * Factors such as needle length and thickness of the subcutaneous layer will determine the required angle of injection. |  |
| 4 | If using an SC infusion set, a sterile dressing can be placed over the injection site to secure the needle. |  |
| 5 | The plunger should be pulled back slightly.   * If any blood is observed in the syringe/tubing, the needle and any tubing should be discarded and replaced. * While the syringe with the product can still be used, the injection should be reattempted at a new site. |  |
| 6 | The syringe plunger is slowly pushed to deliver the C1-INH(SC) dose. |  |
| 7 | Rate of injection   * Basic rule: Push slowly enough for comfort/tolerability. * An approximate guide for injection rate is about 1 mL/min. * Patients can slow or increase the injection rate according to their comfort level and tolerability. * If a subcutaneous “bubble” or swelling develops, injection may be too fast or too shallow. |  |
| 8 | When infusion is finished, needle is removed and discarded appropriately per local requirements. |  |
| 9 | Patients should be encouraged to record the C1-INH(SC) lot number in a diary or treatment log book. |  |

adata from Murphy et al.59

bThe information and descriptions provided here are based on clinical trial nurses’ experience; for official instructions, please refer to the C1-INH(SC)/HAEGARDA Prescribing Information.40  
Abbreviations: C1-INH, C1 esterase inhibitor; SC, subcutaneous.