**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.
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| 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.
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| 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.
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| 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.
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| 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.