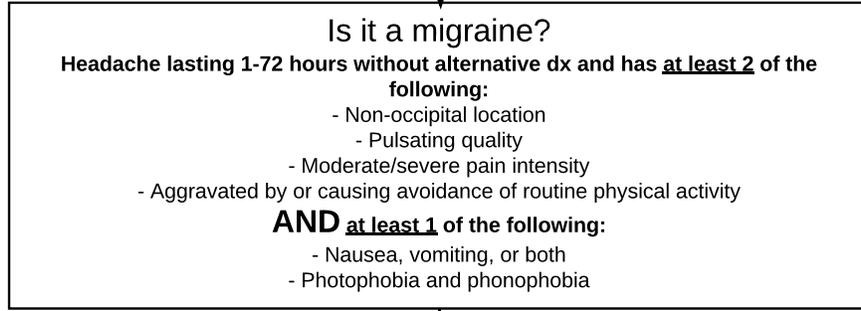


Child ≥ 5 Years with Complaint of Migraine Headache

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 Adapted from Children's Hospital of Philadelphia ED Pathway for Evaluation/Treatment of the Patient with Migraine Headache



Headache red flags:
 Headache with altered mental status and/or focal neurologic findings

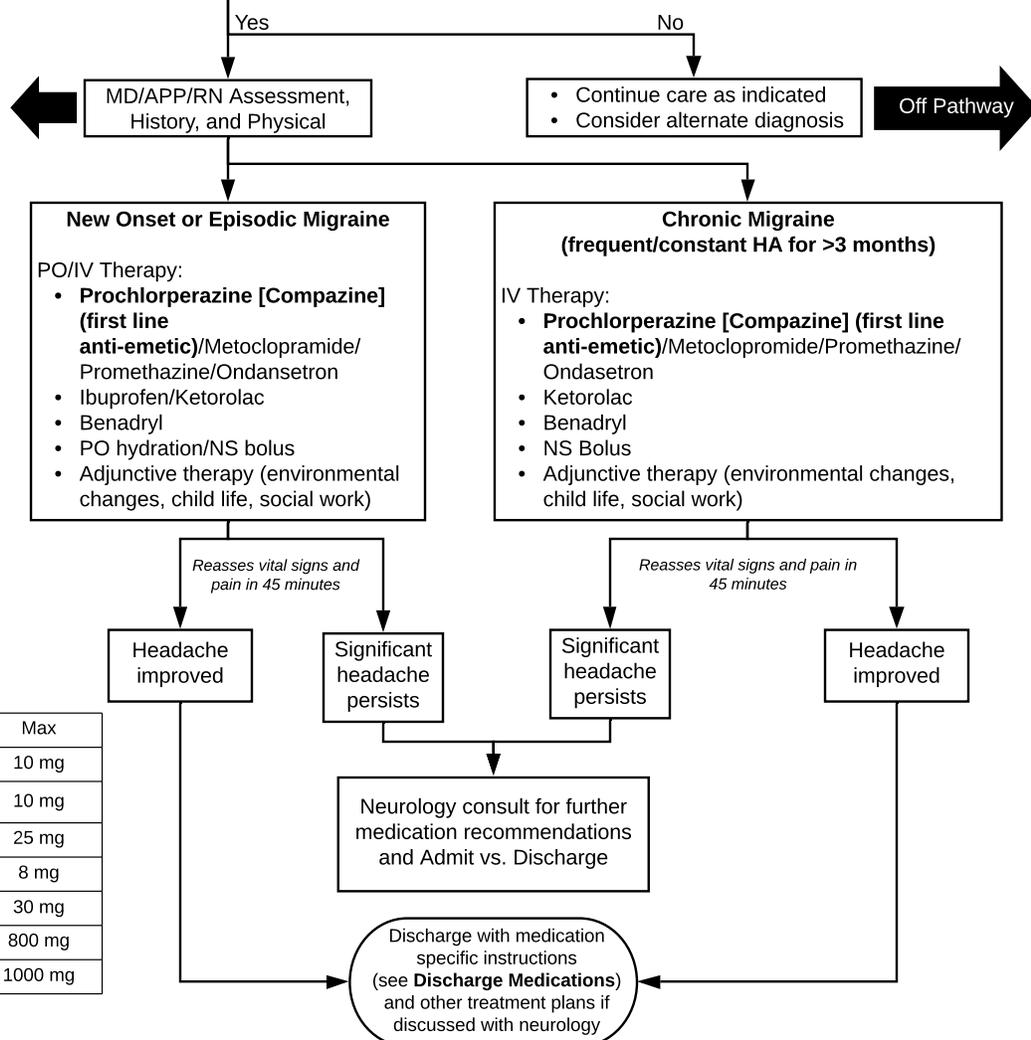
- Notify attending STAT
- Continue care as indicated
- Consider Stroke code
- Imaging as appropriate
- Neurology Consult

Assessment

General	<ul style="list-style-type: none"> Complete set VS CR monitor with appropriate alarms
Brief Neurologic Assessment	<ul style="list-style-type: none"> Mental status (Notify attending STAT if abnormal) Pupils; consider fundoscopic exam Symmetry of cranial nerves Symmetry of motor exam
Pain	<ul style="list-style-type: none"> Assess and document with appropriate scales
PO vs. IV	<ul style="list-style-type: none"> Assess need for IV
Labs	<ul style="list-style-type: none"> Urine or blood HCG

PO vs. IV

PO	<ul style="list-style-type: none"> Mild/moderate headache No current vomiting Suboptimal dosing/frequency of NSAIDs at home
IV	<ul style="list-style-type: none"> Moderate/severe headache Currently vomiting Lack of response to appropriate NSAID use defined as Ibuprofen 10 mg/kg, maximum 800 mg within preceding 6 hours



Migraine Headache Medications in ED (Options)

Medication	Dose	Route	Max
Metoclopramide (Reglan)	0.2 mg/kg	IV/PO	10 mg
Prochlorperazine (Compazine)	0.15 mg /kg	IV/PO	10 mg
Promethazine (Phenergan)	0.5 mg/kg	IV/PO	25 mg
Ondansetron (Zofran)	0.1 mg/kg	IV/PO	8 mg
Ketorolac (Toradol)	0.5 mg/kg	IV	30 mg
Ibuprofen	10 mg/kg	PO	800 mg
Valproic Acid	15 mg/kg	IV	1000 mg

Discharge Medications (Options)

Ibuprofen/Ketorolac	<ul style="list-style-type: none"> Ibuprofen 10 mg/kg PO, max 800 mg, q 6 hours prn Patients requiring NSAID q 6 hours around the clock for > 48 hours require re-evaluation SE: Stomach upset
Metoclopramide	<ul style="list-style-type: none"> Provide a prescription for 2 doses of Metoclopramide for home use. 1st dose may be given 6 hours following the ED dose. Additional dose may be given in 6 hours after the first dose if the headache continues Dose 0.2 mg/kg PO Max: 10 mg SE: Sedation, restlessness, rare dystonic reaction(treat with diphenhydramine)
Methylprednisolone	<ul style="list-style-type: none"> < 12 years: Discharge with 2 mg/kg/day with rapid taper over 5-6 days ≥ 12 years: Provide a prescription for a medrol dose pack. Do not give simultaneous NSAID Start pack the day following the ED visit SE: Increased appetite, stomach upset, mood changes, irritability insomnia
Valproic Acid	<ul style="list-style-type: none"> For patients who respond to Valproic Acid and have chronic migraine, or a history of rebound of headache that has not been controlled with oral prednisone taper in the past, discuss with neurology and consider discharging with 2 weeks of oral valproic acid. Age: ≥ 7 years Dose: 10-15 mg/kg/day divided every 12 hours, Max initial dose 250mg/dose SE: Nausea, drowsiness, dizziness, vomiting, decreased appetite, tremors Uncommon serious SE: liver dysfunction/failure, pancreatitis, teratogenesis, ovarian cysts Check pregnancy test and hepatic panel before discharge Neurology Follow-up Required (1-2 weeks), place outpatient referral in Epic