

Migraine/Headache Pathway

ED

- Inclusion Criteria**
- Age 6 or older with primary headache (tension or migraine)
- Exclusion Criteria**
- Less than 6 years
 - Secondary headache (i.e. HTN crisis, meningoenephalitis)
 - Positive pregnancy test

- Triptan Contraindications**
- History of ischemic vascular disease
 - Accessory conduction pathway disorder
 - Hemiplegic migraine
 - Migraine with brainstem aura that does not respond to other treatments

- Triptan Dosing:**
- PO Rizatriptan:**
- 5 mg ≤ 40 kg
 - 10 mg > 40 kg
- SubQ Sumatriptan:**
- 3 mg ≤ 30 kg
 - 6 mg > 30 kg

Patient arrival with primary headache
Migraine Diagnosis

- At least 5 HA over last year
- Lasting 2-72 hrs when untreated
- At least 2 of 4 features: pulsatile quality, unilateral, worsening with activity or activity limiting, moderate to severe in intensity

- Review Red Flags Ω
- Provide Nonpharmacologic Interventions
 - Quiet, dark environment
 - No electronics
 - Rest
 - Warm/cold packs

Urine Pregnancy test (post menstrual females only)

Is patient pregnant?

Manage off pathway

- PO rizatriptan or SubQ sumatriptan (if not contraindicated)
- Consider:
 - Oral rehydration
 - PO ondansetron
 - PO caffeine
 - PO acetaminophen (if not given in the last 6 hours)

Can patient tolerate PO?

- Ω Consider imaging and/or labs if Red Flags present:**
- Young age (< 6 yrs)
 - New onset or worsening headache
 - Postural headache
 - Posteriorly located headache
 - Focal neurologic deficit
 - Focal weakness (Rapid MRI with perfusion)
 - Altered mental status
 - Fever
 - Seizures
 - Night time awakening
 - Vomiting
 - Early morning headache and/or vomiting
 - Neurocutaneous stigmata
 - Worsening of headache with cough or Valsalva
 - Papilledema or visual field defects
 - History of systemic symptoms or illness (e.g.)
 - Lupus - fatigue, fever, joint pain, rash on face
 - Sickle Cell Disease
 - Illicit drug use

Headache improved?
Based on ANY of the following:

- An improvement in pain score
 - A functional improvement
- Patient reported subjective improvement
 - Complete resolution of pain
 - Return to baseline pain level

- Start PIV
- NS bolus 20 mL/kg
- IV ketorolac (if > 6H since last NSAID)
- IV diphenhydramine (prior to antiemetic)
- Consider SubQ triptan (if not contraindicated or already given)
- Anti-emetic (if not already given PO)**
 - IV metoclopramide OR
 - IV ondansetron OR
 - IV prochlorperazine

Headache improved?
Based on ANY of the following:

- An improvement in pain score
 - A functional improvement
- Patient reported subjective improvement
 - Complete resolution of pain
 - Return to baseline pain level

- Mag Sulfate 30mg/kg IV (max 2000 mg)
- Administer over 30 minutes
- Consider 2nd fluid bolus of 20 mL/kg

Headache improved?
Based on ANY of the following:

- An improvement in pain score
 - A functional improvement
- Patient reported subjective improvement
 - Complete resolution of pain
 - Return to baseline pain level

- Give Either**
- Dexamethasone 0.6 mg/kg IV (MAX 16 mg) if not given steroids for headache in the past 7 days
 - OR**
 - Valproate Sodium 15 mg/kg (max 1000 mg) IV over 30-60 mins (do not administer if pregnant)

Headache improved?
Based on ANY of the following:

- An improvement in pain score
 - A functional improvement
- Patient reported subjective improvement
 - Complete resolution of pain
 - Return to baseline pain level

Admit

- Discharge Patient**
- Prescribe at least 1 rescue treatment option appropriate for their level of migraine severity. (*Triptans for ≥12 yrs*)
 - Rizatriptan ODT: 5 mg ≤ 40 kg; 10 mg > 40 kg
 - Sumatriptan: 25 mg ≤ 40 kg, 50 mg > 40 kg + NSAID
 - 2 doses in 24 hrs max, 2 times per week
 - Use of headache log reviewed with patient/family.
 - If given IV valproic acid, prescribe tablet or liquid valproic acid: 7.5 mg/kg/dose BID (max 250 mg/dose to start) for 2 weeks
 - Follow up with PCP or Neurology as needed