



Definitions:

Migraine without aura
 Recurrent headache disorder manifesting in attacks lasting 4-72 hours with unilateral location, pulsating quality, moderate or severe intensity, aggravation by routine physical activity, and association with nausea and/or photophobia and phonophobia.

Migraine with aura
 Recurrent disorder manifesting in attacks of reversible focal neurological symptoms that usually develop gradually over 5-20 minutes and last for less than 60 minutes, followed by headache with features of migraine without aura.

Inclusion Criteria:

- Age ≥7 years
- Low suspicion for other etiologies
- Headache that meets definitions of migraine with and without aura
- HCG testing for females of child-bearing age

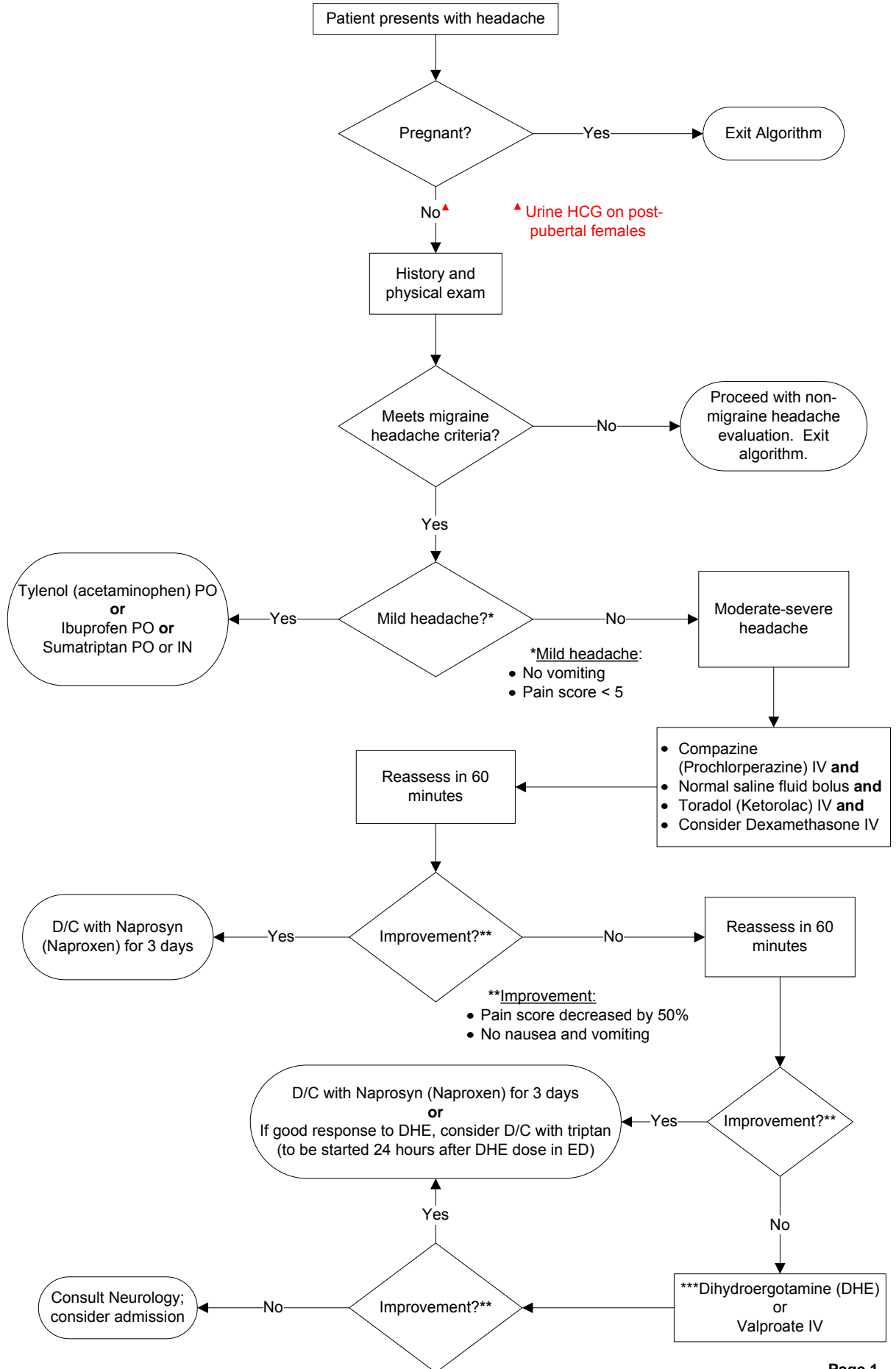
Exclusion Criteria:

- Non-migraine headache (not meeting above definitions)
- Fever
- Abnormal neurological examination

Discharge Criteria:

- Pain score improved
- No nausea or vomiting
- Primary care or neurology follow-up within 3 days
- Migraine headache discharge instructions discussed with patient/family

NOTE: The medication dosing contained within these guidelines is provided for reference only. Please refer to your institutional formulary or ordering guidelines when placing orders for clinical care of patients



*** Dihydroergotamine (DHE) therapy

- Contraindications:
 - Use of triptan medication less than 24 hours prior
 - Basilar or hemiplegic migraine
 - Known hypersensitivity reaction to DHE
 - Pregnancy
 - Coronary, cerebral or peripheral vascular disease
 - Renal, hepatic failure
 - Uncontrolled hypertension
 - Sepsis
- Caution:
 - prolonged aura
- May use in a patient who is on SSRI or TCA with observation
- After ED therapy with DHE:
 - If can be discharged home, consider discharging with prescription for triptan, to be started 24 hours after DHE dose

Migraine Characteristics in Children

- Migraine headache is commonly bilateral in young children
- An adult pattern of unilateral pain usually emerges in late adolescence
- Migraine headache is usually frontotemporal
- Occipital headaches in children are rare and should be evaluated for causes other than migraines

Acute Abortive Therapy

- Tylenol (acetaminophen) 15 mg/kg PO/PR (max: 1,000 mg/dose)
- Ibuprofen 10 mg/kg PO (max: 800 mg/dose)
- Sumatriptan
 - ≥ 12 years: 25-50 mg PO
 - 20 mg IN (in single nostril)
 - > 30 kg: 6 mg SC x 1 dose
- Toradol (ketorolac) IV
 - 12.5 – 25 kg: 7.5 mg IV/IM x 1 dose
 - 25 – 50 kg: 15 mg IV/IM x 1 dose
 - > 50 kg: 30 mg IV/IM x 1 dose
- Compazine (prochlorperazine) 0.15 mg/kg IV (max: 10 mg/dose)
- Normal saline fluid bolus 20 mL/kg IV
- Reglan (metoclopramide) 0.1 mg/kg IV/PO (max: 10 mg/dose) – use if prochlorperazine is unavailable
- Valproate 10 mg/kg IV (max: 1,000 mg/dose)

Abortive Therapy for Recurrence Prevention

- Consider dexamethasone 0.25 mg/kg IV (max: 10 mg/dose)
- Naprosyn (naproxen) 7 mg/kg PO TID (max: 500 mg/dose) for 3 days

Acute Dystonia

- Benadryl (diphenhydramine) 1 mg/kg IV (max: 50 mg/dose) PRN