Headache
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Migraine Action Plan (MAP) Expiration Date _____

Name: _____ Date of Birth: _____
Treating Physician/Provider: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Significant Medical History: _____

HEADACHE INFORMATION

Headache Diagnosis (Select Applicable): ☐ Migraine without Aura ☐ Migraine with Aura ☐ Trigeminal Neuralgia ☐ Cluster Headache ☐ New Daily Persistent Headache ☐ Post-Traumatic Headache ☐ _____ ☐ _____
Aura Type: _____ Length: _____ Description: _____

Daily Preventive Medications: Take these medications every day (whether you have a headache or not)

_____

HOME ACUTE TREATMENT PLAN:

Take the following steps at the start of a moderate to severe headache:

- If you are able to, go to a quiet, cool, dark room and lay down.
- If able, consider drinking fluids such as water or electrolyte-containing fluids.

Take these medications:

○ Step 1: Please take at the start of the headache (select options, circle medications)[1]

☐ Over the counter medications (OTC): acetaminophen, ibuprofen, naproxen
Instructions: ___ mg, oral. Repeat in ___ hours

☐ Triptan: sumatriptan, rizatriptan, zolmitriptan, eletriptan, almotriptan, frovatriptan, naratriptan
Instructions: ___ mg, melt in mouth/oral/nasal spray/injection. Repeat in ___ hours
Side Effects: flu-like symptoms, fatigue, headache, facial flushing, throat tightness
Do not mix triptans together. Limit 10/month.

☐ NSAID: ibuprofen, naproxen sodium, ketoprofen, diclofenac
Instructions: ___ mg, oral/powder/apply to skin. Repeat in ___ hours
Side Effects: upset stomach, best if taken with food

☐ Anti-Nausea: metoclopramide, prochlorperazine, ondansetron, promethazine
Instructions: ___ mg, oral/melt in mouth/apply to skin. Repeat in___hours
Side Effects: fatigue, dizziness, muscle stiffness. If having muscle stiffness, take diphenhydramine (Benadryl)

☐ DHE: Dihydroergotamine mesylate
Instructions: ___ mg, nasal spray. Repeat in___ hours
Side Effects: flu-like symptoms, fatigue, headache, facial flushing, throat tightness

☐ Medication: _____
Instructions: ___ mg, oral/melt in mouth/apply to skin. Repeat in___hours
Side Effects: _____

○ Step 2: If you are still in pain, consider taking:

☐ Medication: _____
Instructions: ___ mg, oral/melt in mouth/apply to skin. Repeat in ___ hours
Side Effects: _____

**If side effects are new or medications are ineffective, report to prescribing provider. If having fatigue, avoid driving or operating heavy machinery. If having trouble breathing or persistent chest pain, report to emergency room.*

Patient/Guardian Signature _____ *Date:* _____

Treating Physician Signature _____ *Date:* _____

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HOSPITAL RESCUE PLAN:

There are certain circumstances when you should consider going to an Urgent Care Clinic or Emergency Room. Please show them this form for recommended medications to treat your severe headaches.

Reasons to go to Urgent Care or the Emergency Room:

- Severe nausea and/or vomiting and an inability to eat food or drink water
- A new or different headache
- Headache is typical but severe and not responding to home rescue plan
- New symptoms that are not typical for your headaches (for example: weakness, visual loss, vision changes, trouble walking, trouble talking, etc.)
- You are pregnant and headache is different, severe and/or persistent

Treatment Options: The Emergency Room or Urgent Care physician will determine which treatment option is safest and most appropriate for you. If you are pregnant or think that you could be pregnant, let someone know.

☐ Please avoid the following medication(s) because of medical contraindication/side effect/interaction/abuse history:
Triptan, DHE, NSAID, anti-emetic, steroid, opiates, _____, _____
Reason(s): _____

○ Step 1:

- ☐ *IV Fluids:* Consider D5 ¼ NS
- ☐ *NSAID*: IV/IM ketorolac (Level C Recommendation)[2] 0.5 – 1.0 mg/kg (max 30 mg IM, 15 mg/kg IV) as needed every 8 hours
- ☐ *Anti-emetic:* IV prochlorperazine (Level B Recommendation)[2] 0.15mg/kg (max 10mg), IV metoclopramide (Level B Recommendation)[2] 0.18 mg/kg (max 10mg), or IV/ODT ondansetron 4mg or 8mg
- ☐ *Triptans*: SC sumatriptan (Level B Recommendation)[2] 4mg or 6mg

○ Step 2: Consider other treatments, however, be aware that this category has less supportive evidence and greater potential adverse effects. Consider consulting headache medicine or neurology service for further guidance.

- ☐ *Steroids*: dexamethasone 4mg or 8mg IV (Level U Evidence for acute attack, Level B Recommendation for prevention of recurrence)[2]
- ☐ Dihydroergotamine (DHE-45) (Level U Recommendation)[2] Take with anti-emetic agent. Relative risk when given within 24 hours of triptan
- ☐ *Anti-epileptic*: IV push valproic acid (Level C Recommendation)[2] 500mg
- ☐ *Anti-emetic*: IM promethazine (Level U Recommendation)[2] 12.5mg or 25mg. Avoid IV administration in an insecure line given possible intra-arterial ischemia
- ☐ Magnesium Sulfate (Level U Recommendation)[2] 1-2gm IV
- ☐ Occipital Nerve Block
- ☐ Medication: _____
- ☐ Medication: _____

Medications to AVOID: These medications can potentially make migraines worse and consider avoiding.

- Opiates[3] (hydrocodone-acetaminophen/norco or vicodin, oxycodone-acetaminophen/percocet, hydromorphone/dilaudid, morphine/MS contin and roxanol, meperidine/demerol, tramadol/ultram, fentanyl/duragesic, codeine-acetaminophen/tylenol #3)
- Butalbital containing products (Fioricet, Fiorinal, butalbital/caffeine/codeine)
- If < 16 years, avoid aspirin-containing products given risk of Reyes syndrome

Provider Resources

1. Silberstein SD et. al. Practice parameter: evidence-based guidelines for migraine headache (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology. 2000 Sep 26;55(6):754-62.
2. Recommendation levels based on value of benefit relative to risk: A (Must recommend); B (Should), C (May), U (None)
Orr SL, Friedman BW, Christie S, Minen MT, Bamford C, Kelley NE, Tepper D. Management of Adults With Acute Migraine in the Emergency Department: The American Headache Society Evidence Assessment of Parenteral Pharmacotherapies. Headache. 2016 Jun;56(6):911-40. doi: 10.1111/head.12835.
3. CDC Guideline for Prescribing Opioids for Chronic Pain: www.cdc.gov/drugoverdose/prescribing/guideline.html

Patient/Guardian Signature _____ *Date:* _____

Treating Physician Signature _____ *Date:* _____

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