Status Migrainosus Care Guideline for Emergency Department Management

CHOC Children's

Inclusion Criteria:
The present attack in a patient with migraine without aura is typical of previous attacks except for its duration, headache has both unremitting for > 72 hours and severe intensity, is not attributed to another disorder

Triage
ESI level based on patient presentation

Acute Treatments (in preferential order)

Environmental Modifications
(laying in a dark quiet room)

IV Hydration
Consider 0.9 NS bolus followed by dextrose containing 1.5X maintenance IVF with close monitoring of vital signs

Anti-emetics
Prochlorperazine IV; tab 5 & 10 mg; Supp 25 mg; 8 year and older; 0.15mg/kg/dose (max 10 mg)
Not recommended for children < 8 years old

Ketorolac
0.5 mg/kg/dose IV (max 15 mg)
Tab 10 mg: 1 mg/kg/dose (max 10 mg)
And
Prochlorperazine 0.15 mg/kg IV (max 10 mg)

Consult Neurology

Valproic Acid (Depacon)
5-10 mg/kg IV bolus,
IV rate < 20 mg/min

Dexamethasone
4 mg IV for ages 6-12
10 mg IV > 12 yrs

Triptans
*Should not be used in patient at risk for stroke such as complicated or basilar migraine

Sumatriptan
0.06 mg/kg Subcutaneous X1 6-18 yrs
25 mg PO x1 8-12 yrs
50 mg PO x1 > 12 yrs

Initial Management
- Vital signs
- ABCs (as applicable)
- EKG (medication clearance/cardiac evaluation)
- Neuroimaging as indicated

Recommendations/Considerations
- It is recommended that the patient be hydrated prior to neuroleptic administration and advised of the potential for orthostatic hypotension and acute extrapyramidal side effects. The patient should be observed in a medical setting as clinically appropriate after administration of a neuroleptic and should not drive for 24 hours
- Prochlorperazine is probably more effective than Metoclopramide (reports of 75% after 1 hour and 95% after 2 hours)
- Metoclopramide has a higher incidence of extrapyramidal side effects in children
- Response to Ketolorac and Prochloperazone is 93%
- Urine pregnancy test is recommended before administration of Depacon in females of child-bearing age. Contraindicated in urea cycle/ mitochondrial disorders, liver toxicity, etc.
- Opiates are not effective/ contraindicated for treatment of migraine headaches
- DHE cannot be used within 24 hrs of any triptan or without Neurology consultation

Response to treatment

Yes → Discharge Home

No →

Observation criteria - one or more of the following:	Inpatient Admission Criteria – one or more of the following
• Vomiting or dehydration insufficiently responsive to outpatient medication • Pain insufficiently responsive to outpatient intervention	• Severe pain requiring inpatient mgmt • Altered mental status • Vomiting or dehydration that is severe • Requires parenteral pain relief beyond 24 hrs

Approved Evidence Based Medicine Committee 11-25-15

Reassess the appropriateness of Care Guidelines as condition changes. The guideline is a tool to aid clinical decision making. It is not a standard of care. The physician should deviate from the guideline when clinical judgment so indicates.

Status Migrainosis

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