

# ED Headache Treatment Algorithm

Orderset: ED headache

## ED treatment goals:

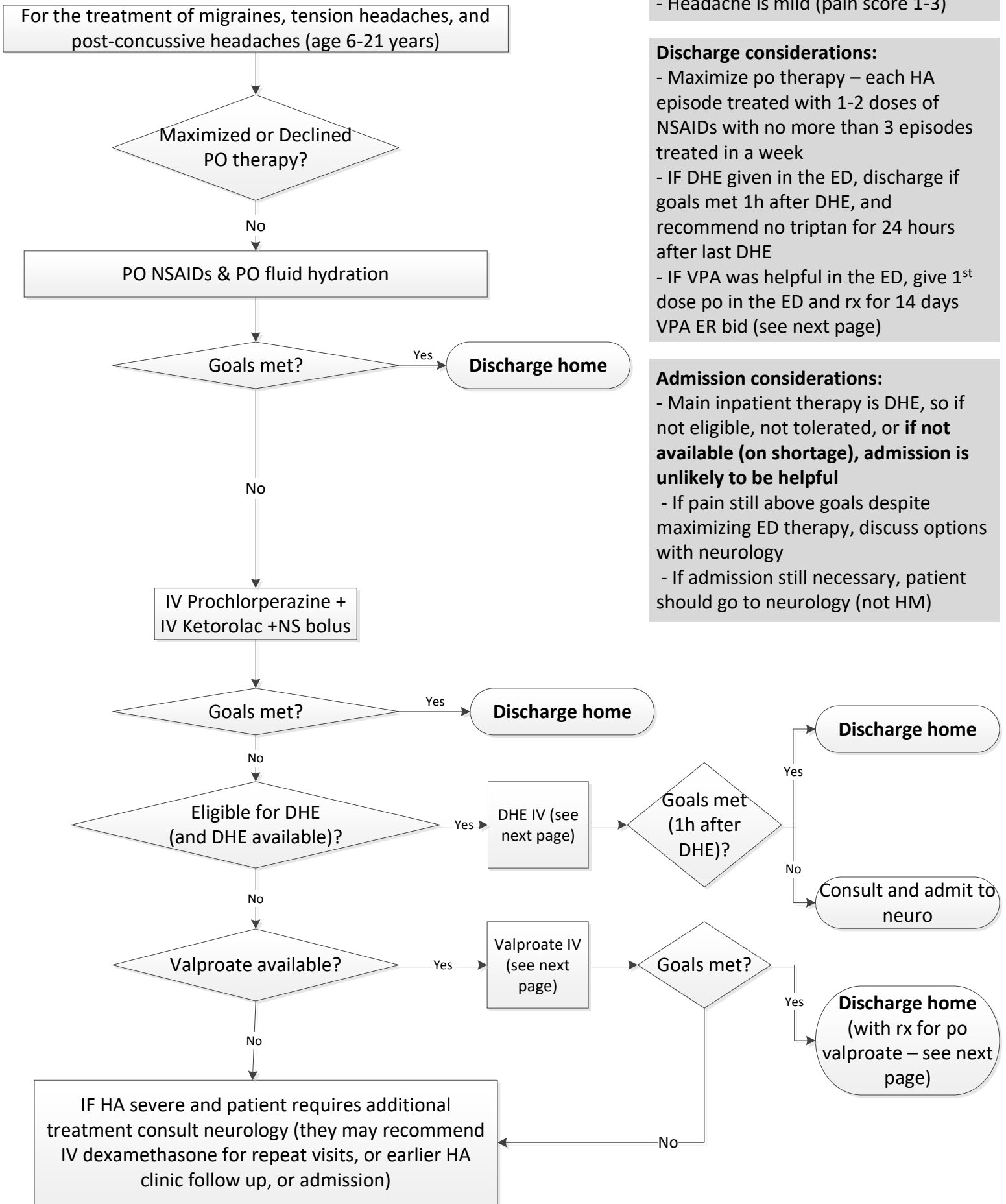
- Headache free **OR**
- Headache back to baseline **OR**
- Headache is mild (pain score 1-3)

## Discharge considerations:

- Maximize po therapy – each HA episode treated with 1-2 doses of NSAIDs with no more than 3 episodes treated in a week
- IF DHE given in the ED, discharge if goals met 1h after DHE, and recommend no triptan for 24 hours after last DHE
- IF VPA was helpful in the ED, give 1<sup>st</sup> dose po in the ED and rx for 14 days VPA ER bid (see next page)

## Admission considerations:

- Main inpatient therapy is DHE, so if not eligible, not tolerated, or **if not available (on shortage), admission is unlikely to be helpful**
- If pain still above goals despite maximizing ED therapy, discuss options with neurology
- If admission still necessary, patient should go to neurology (not HM)



Reassessments should take place within one hour after each intervention.

## Prochlorperazine (Compazine):

- Preferred first-line agent
- 0.15 mg/kg IV; max of 10 mg
- For patients with previous adverse reactions who refuse prochlorperazine, consider:
  - Metoclopramide (Reglan)
  - Give a half-dose of Prochlorperazine
  - Slow the infusion rate by half
  - Have patient walk during infusion if able and not dizzy to help with akathisia

## Valproic Acid:

- Utilize “ED headache order” set to assure correct dosing and rate
- Patients who are discharged after treatment with valproic acid should be sent home on a 14-day course of oral valproic acid.
- < 10 years OR < 50 kg: Depakote ER 250 mg PO BID x 2 weeks
- >= 10 years AND >=50 kg: Depakote ER 500 mg PO BID x 2 weeks
- Give 1st oral dose in the ED
- If IV Valproic Acid unavailable do not give PO valproic acid in ED or send home with 14-day prescription

## Dihydroergotamine (DHE) – See Lexicomp for additional details:

- Contraindications: (1) Triptan within 24 hours; (2) DHE within 14 days.
- MUST obtain pregnancy test in adolescent females
- < 30 kg: 0.5 mg; >= 30 kg: 1 mg
- Administer 50% of dose first (over 3 minutes) then remaining 50% in 30 minutes
- Expected Side Effects (counsel patient to anticipate): nausea, vomiting, flushing, and hypertension – most resolve within 1 hour so if patient has symptoms resolve and HA resolve, can go home
- ALL patients who receive DHE in the ED will be automatically admitted to Neurology, unless the headache has completely resolved and the patient/family prefers to be discharged.
- If patient discharged home, advise no triptan for 24 hours after last dose of DHE

## Steroids:

- Should be considered in children with recurrent headaches despite ED treatment (return visits within 72 hours for rebound headache)
  - Dexamethasone 0.6 mg/kg IV x1; max of 10 mg IV (No medications for discharge home)