Headache free OR Orderset: ED headache Headache back to baseline OR - Headache is mild (pain score 1-3) For the treatment of migraines, tension headaches, and post-concussive headaches (age 6-21 years) Discharge considerations: - Maximize po therapy – each HA episode treated with 1-2 doses of NSAIDs with no more than 3 episodes Maximized or Declined treated in a week PO therapy? - IF DHE given in the ED, discharge if goals met 1h after DHE, and recommend no triptan for 24 hours Nο after last DHE PO NSAIDs & PO fluid hydration - IF VPA was helpful in the ED, give 1st dose po in the ED and rx for 14 days VPA ER bid (see next page) Discharge home Goals met? 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 No - If pain still above goals despite maximizing ED therapy, discuss options with neurology - If admission still necessary, patient IV Prochlorperazine + should go to neurology (not HM) IV Ketorolac +NS bolus Goals met? Discharge home Discharge home No Yes Goals met Eligible for DHE DHE IV (see (1h after next page) (and DHE available)? DHE)? Consult and admit to No neuro Valproate IV Goals met? Valproate available? (see next page) Discharge home (with rx for po No valproate – see next page) IF HA severe and patient requires additional

ED treatment goals:

ED Headache Treatment Algorithm

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

treatment consult neurology (they may recommend

IV dexamethasone for repeat visits, or earlier HA clinic follow up, or admission)

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.

No

- < 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
- 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

$\label{eq:def:DHE} \mbox{Dihydroergotamine (DHE)} - \mbox{See Lexicomp for additional details:}$

- 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
- <u>Expected</u> 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 or is at baseline and the 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)