

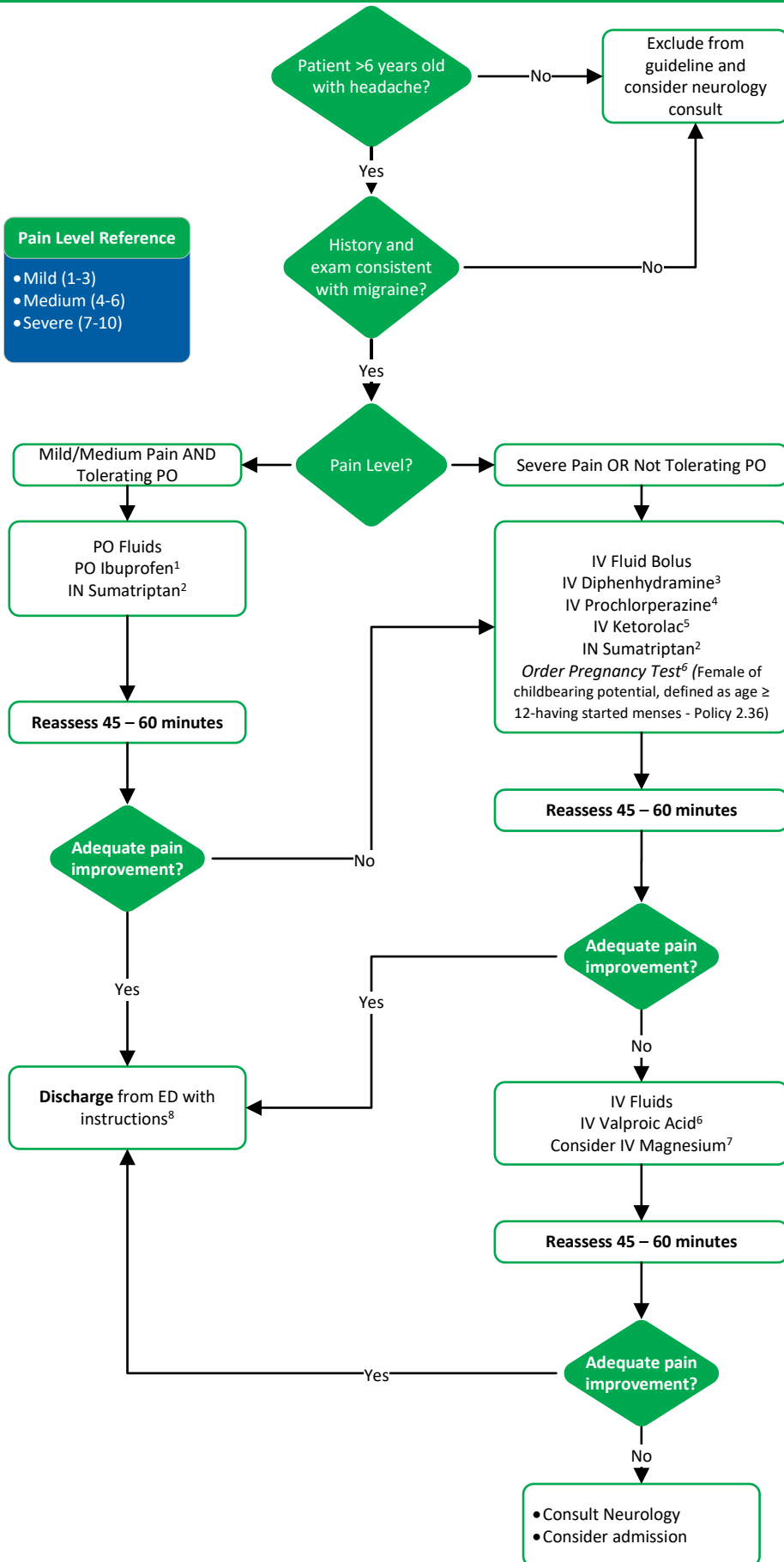
Migraine Pathway: ED Management

For use in patients 6-21 years old who meet migraine diagnostic criteria

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Children's
Healthcare of Atlanta



EXCLUSION CRITERIA

- Abnormal neurologic exam
- History of fever, head trauma or seizures in the last 24 hours, intracranial shunts
- Pregnancy

MIGRAINE DIAGNOSTIC CRITERIA

International Headache Society (2021)

Patients who meet the criteria with multiple, but less than 5 attacks can be considered "Probable Migraine Without Aura" and can be placed on the guideline.

Criteria for Pediatric Migraine Without Aura

- A. ≥5 attacks fulfilling criteria B-D
- B. Headache attack lasting 2-72H
- C. Headache has at least 2 of the following:
 - Either bilateral or unilateral (frontal/temporal) location
 - pulsating quality
 - moderate to severe intensity
 - aggravated by routine physical activities
- D. At least one of the following accompanies headache:
 - Nausea and/or vomiting
 - Photophobia & phonophobia (may be inferred from their behaviors)

Consider Migraine with Aura if the Patient has an aura consisting of any of the following, but no motor weakness:

- Fully reversible visual symptoms including positive features (i.e, flickering lights, spots or lines) and/or negative features (loss of vision)
 - Fully reversible sensory symptoms including positive features (pins and needles) and/or negative features (numbness)
 - Fully reversible dysphasic speech disturbance
 - Homonymous visual symptoms and/or unilateral sensory symptoms
- The above symptoms cannot be attributed to another disorder**

If NEW diagnosis of Migraine with Aura, consult Neurologist

PHARMACOLOGIC MANAGEMENT

NAME	DOSE	MAX. DOSE	ROUTE	MISCELLANEOUS
Ibuprofen ¹	10 mg/kg	800 mg	PO	• No NSAIDs within 6 hours
Sumatriptan ²	< 30 kg: 5 mg 30-39.9 kg: 10 mg > 40 kg: 20 mg	20 mg	IN	• If no Triptans in past 2 hours; Max 2 doses in 24 hours
Diphenhydramine ³	1 mg/kg	50 mg	IV	• Slow IV Push over 5 min • Give before Prochlorperazine ³
Prochlorperazine ⁴	0.1 - 0.15 mg/kg	10 mg	IV	• IV Push • Alternative: Ondansetron
Ketorolac ⁵	0.5 mg/kg	30 mg	IV	• IV Push • No NSAIDs within 6 hours • Max 5 days or 20 doses in 1 month (PO, IV & Nasal)
Valproic Acid ⁶	15 mg/kg	1000 mg	IV	• Contraindicated in Pregnancy
Magnesium ⁷	50 mg/kg x1	2 g	IV	• Discharge dosing per Neurology

NON-PHARMACOLOGIC MANAGEMENT

- Important to minimize stimulation – dim lights, limit TV and cellphone usage
- Consider deep breathing, distraction techniques, and acupuncture

DISCHARGE INSTRUCTIONS⁸

- Rx for Ibuprofen or Ketorolac PO
- Rx for two doses PO Rizatriptan PRN for headache
- <30 kg: 5 mg; ≥30 kg: 10 mg
- Migraine education pack
- Follow up with PCP in 2 weeks
- Consider follow up with Neurology for persistent or recurrent migraine symptoms
- Rx for Valproic Acid if improved with bolus. Usual home dose 15 mg/kg/day, max 500 mg/day for 2 weeks.
- Consider LFTs if patient is currently at risk for liver disease