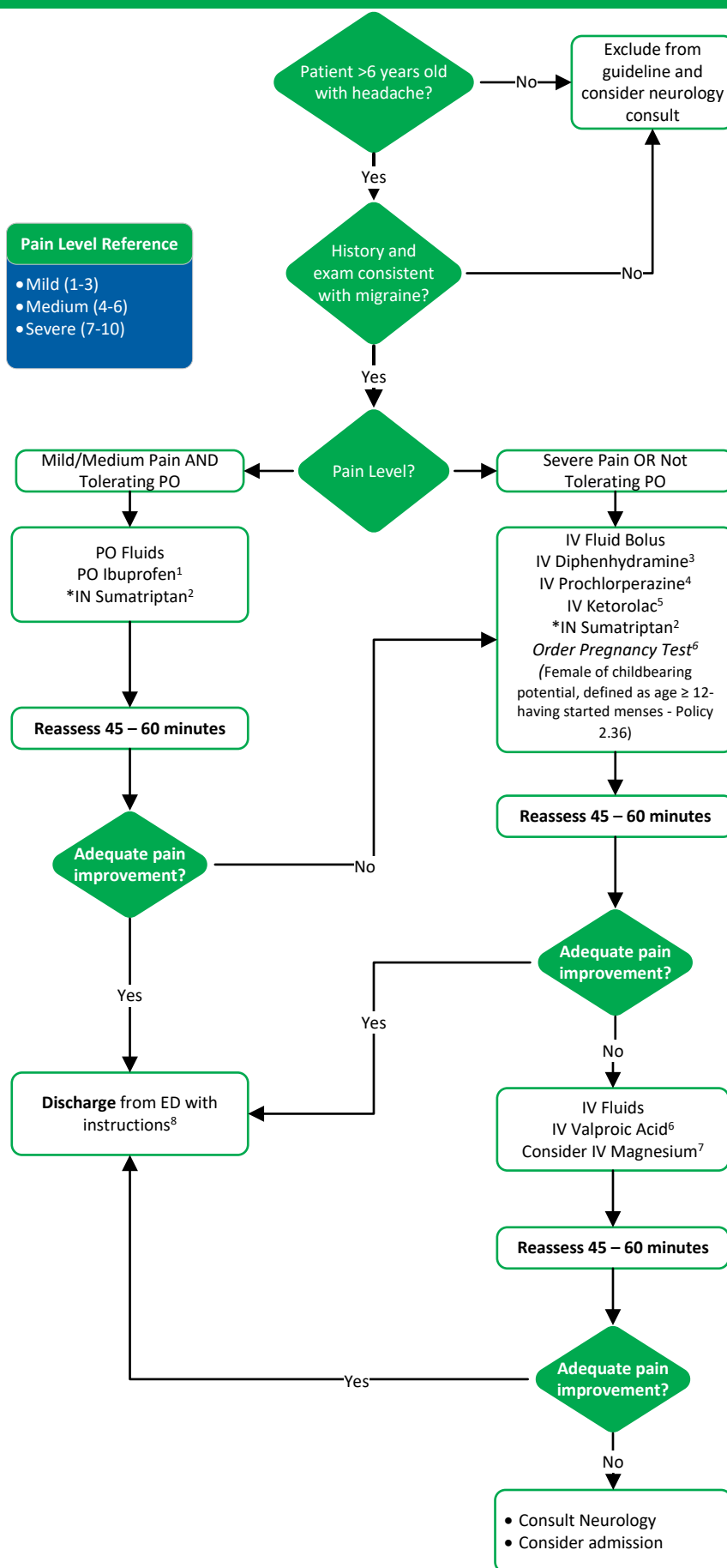


# Migraine Pathway: ED Management

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

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## EXCLUSION CRITERIA

- Abnormal neurologic exam
- History of fever, head trauma or seizures in the last 24 hours, intracranial shunts
- Known Pregnancy
- Sickle Cell Disease
- Vascular Diseases

## 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 <sup>1</sup>	10 mg/kg	800 mg	PO	• No NSAIDs within 6 hours
*Sumatriptan <sup>2</sup>	< 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 • Contraindicated in Sickle Cell Disease • Physician discretion for females of menstruating age
Diphenhydramine <sup>3</sup>	1 mg/kg	50 mg	IV	• Slow IV Push over 5 min • Give before Prochlorperazine <sup>3</sup>
Prochlorperazine <sup>4</sup>	0.1 – 0.15 mg/kg	10 mg	IV	• Slow IV Push • Alternative: Ondansetron
Ketorolac <sup>5</sup>	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 <sup>6</sup>	15 mg/kg	1000 mg	IV	• Contraindicated in Pregnancy
Magnesium <sup>7</sup>	50 mg/kg x1	2 g	IV	• Discharge dosing per Neurology

## DISCHARGE INSTRUCTIONS<sup>8</sup>

- Rx for Ibuprofen or Ketorolac PO
- Rx for two doses PO \*Rizatriptan PRN for headache  
<30 kg: 5 mg; ≥30 kg: 10 mg  
One dose at onset of migraine, may repeat in >2 hrs if headache not resolved or recurs. Do not exceed 2 dose/24 hrs
- Rx for Valproic Acid if improved with bolus. 15 mg/kg/day, max 500 mg/day for 2 weeks
  - Consider LFTs if patient is currently at risk for liver disease
- F/U with PCP in 2 weeks
- F/U with Neurology for persistent or recurrent symptoms
- Migraine education pack