Clinical Guideline
Migraine

This guideline should not replace clinical judgment.

Routine use of opioids or fioricet not advised.

Pediatric Emergency Medicine & Child Neurology

Inclusion criteria:

- Previously dx with migraine by Pediatric Neurology and presenting with typical HA

OR (all of the following)

- Age 6 or more
- Frontal in nature (usually bilateral, maybe unilateral or frontotemporal)
- Associated with photophobia, phonophobia, dizziness, nausea or vomiting

AND

- UPT negative if post-pubertal female

Exclusion Criteria:

- First episode of headache
- Abnormal neuro exam or funduscopic exam
- VP shunt
- Concern for increased ICP
- Recent trauma
- History of seizure
- Sudden onset HA reaching maximum intensity within 5 minutes

- Consider ibuprofen if not trialed at home and mild symptoms and no hx c/w analgesic overuse headache; give PO fluids
- Consider IN sumatriptan (if onset within 72 hours; see contraindication list)

HA resolved?

No

- IV compazine
- IN sumatriptan, if not already given, no contraindications, and HA onset within 72 hrs)
- IV ketorolac if no NSAIDs in previous 6 hours
- 20ml/kg normal saline bolus, max 1L
- Benadryl PRN dystonic reaction or agitation

HA resolved?

No

- IV magnesium sulfate
- 2nd 20ml/kg normal saline bolus, max 1L

HA resolved?

No

Consult Neurology for evaluation and consideration for admission. Can give first dose of DHE in ED. DHE contraindicated if triptan or zofran within last 24 hours, ischemic heart disease, uncontrolled hypertension.

Yes

Send message requesting follow-up with Peds Neuro.
No discharge RX needed.
D/C with HA diary.

Sumatriptan Contra-indications

- Triptan used more than once in past week
- Sickle cell disease
- CAD, dysrhythmia (WPW), or
- congenital heart disease
- CNS vasculitis/moya-moya
- Zofran within last 24 hours
- Recent MAO-I use

If at any time following first or second phase of treatment, HA is partially resolved and patient wants to go home, can discharge with RX for prednisone and ranitidine and arrange Peds Neuro follow-up

CHILDREN'S HOSPITAL OF RICHMOND AT VCU

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Migraine Guideline
Executive Summary

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References

Bachur RG, Monuteaux MC, Neuman MI. A comparison of acute treatment regimens for migraine in the emergency department. Pediatrics. 2015 Feb;135(2):232-8. PubMed PMID: 25624377

Sheridan DC, Spiro DM, Meckler GD. Pediatric migraine: Abortive management in the emergency department. Headache. 2013 Feb;54(2):235-45. PubMed PMID: 24512575

Gelfand ASA, Goadsby PJ. Treatment of pediatric migraine in the emergency room. Pediatr Neurol. 2012 Oct;47(4):233-41. Pubmed PMID: 22964436

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Retrieval website: **http://www.chrichmond.org/clinicalguideline-migraine**

Example:
Children's Hospital of Richmond at VCU, Rao S, Silverman J, Lemieux M, Greene M, Redman B, Hanson C. Migraine Guideline. Available from: http://www.chrichmond.org/clinicalguideline-migraine