Status Migrainosus Care Guideline for Emergency Department Management

**Inclusion Criteria:**
The present attack in a patient with migraine without aura is typical of previous attacks except for its duration, headache has both unremitting for > 72 hours and severe intensity, is not attributed to another disorder

**Acute Treatments**
*(in preferential order)*

- **Environmental Modifications**
  (laying in a dark quiet room)

- **IV Hydration**
  Consider 0.9 NS bolus followed by dextrose containing 1.5X maintenance IVF with close monitoring of vital signs

- **Anti-emetics**
  Prochlorperazine IV; tab 5 & 10 mg; Supp 25 mg; 8 year and older; 0.15mg/kg/dose (max 10 mg)
  Not recommended for children < 8 years old

- **Ketorolac**
  0.5 mg/kg/dose IV (max 15 mg)
  Tab 10 mg: 1 mg/kg/dose (max 10 mg)
  And
  Prochlorperazine 0.15 mg/kg IV (max 10 mg)

- **Valproic Acid (Depacon)**
  5-10 mg/kg IV bolus,
  IV rate < 20 mg/min

- **Dexamethasone**
  4 mg IV for ages 6-12
  10 mg IV > 12 yrs

- **Triptans**
  *Should not be used in patient at risk for stroke such as complicated or basilar migraine*
  **Sumatriptan**
  0.06 mg/kg Subcutaneous X1 6-18 yrs
  25 mg PO x1 8-12 yrs
  50 mg PO x1 > 12 yrs

**Recommendations/Considerations**
- It is recommended that the patient be hydrated prior to neuroleptic administration and advised of the potential for orthostatic hypotension and acute extrapyramidal side effects. The patient should be observed in a medical setting as clinically appropriate after administration of a neuroleptic and should not drive for 24 hours
- Prochlorperazine is probably more effective than Metoclopramide (reports of 75% after 1 hour and 95% after 2 hours)
- Metoclopramide has a higher incidence of extrapyramidal side effects in children
- Response to Ketolorac and Prochloperazone is 93%
- Urine pregnancy test is recommended before administration of Depacon in females of child-bearing age. Contraindicated in urea cycle/ mitochondrial disorders, liver toxicity, etc.
- Opiates are not effective/contraindicated for treatment of migraine headaches
- DHE cannot be used within 24 hrs of any triptan or without Neurology consultation

**Initial Management**
- Vital signs
- ABCs (as applicable)
- EKG (medication clearance/cardiac evaluation)
- Neuroimaging as indicated

**Triage ESI level based on patient presentation**

**Response to treatment**
- Yes
- Discharge Home
- No

**Observation criteria - one or more of the following:**
- Vomiting or dehydration insufficiently responsive to outpatient medication
- Pain insufficiently responsive to outpatient intervention

**Inpatient Admission Criteria – one or more of the following**
- Severe pain requiring inpatient mgmt
- Altered mental status
- Vomiting or dehydration that is severe
- Requires parenteral pain relief beyond 24 hrs

Approved Evidence Based Medicine Committee 11-25-15

Reassess the appropriateness of Care Guidelines as condition changes. The guideline is a tool to aid clinical decision making. It is not a standard of care. The physician should deviate from the guideline when clinical judgment so indicates.
Status Migrainosus

References

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