

**Primary Headache  
Orders  
FOR AGE >= 16**

(addressograph)

**EMERGENCY DEPARTMENT PHYSICIAN'S ORDERS**

**PRIMARY HEADACHE**

Allergies: \_\_\_\_\_

**1. Nursing**

- Clear Fluids only
- IV NS lock
- IV \_\_\_\_\_ bolus \_\_\_\_\_ ml over 30 minutes
- IV \_\_\_\_\_ @ \_\_\_\_\_ ml/hr
- Vitals q 1 h
- Pain assessment q 30 minutes
- Notify MD if pain unimproved in 60 minutes
- Notify MD when pain <= 3/10
- Dark quiet room whenever possible

**2. Investigations**

- CBC
- ESR
- lytes, urea, creatinine, glucose

**3. Medications**

- Ketorolac (Toradol) 30 mg IV times one dose
- Prochlorperazine (Stemetil) 10 mg IV minibag over 15-30 minutes
- Metoclopramide (Maxeran) 10 mg IV minibag over 15-30 minutes
- Dihydroergotamine (DHE) 1 mg IM / SC (preferred) or IV (circle route)
- Dexamethasone \_\_\_\_\_ mg (8-24 mg range) IV (for prevention of migraine recurrence)
- \_\_\_\_\_
- \_\_\_\_\_

**4. Discharge Instructions**

- May D/C IV if present and D/C home accompanied when pain <=3/10

Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Time \_\_\_\_\_

Print Name \_\_\_\_\_