Attending Physician: ___________________________ Team: ___________________________

Resident: ___________________________ Pager: Located on Smartweb

Allergies: ___________________________ Weight ________ kg

Diagnosis:

- [ ] Intractable Headache
- ___________________________

Vital signs/Monitoring

- [ ] HR, RR, Temp every 4 hours
- [ ] HR, RR, Temp every ______
- [ ] Blood pressure every 12 hours
- [ ] Blood pressure every 15 minutes before and after dose of IV DHE
- [ ] Blood pressure every ________
- [ ] Neuro checks every 4 hours
- [ ] Neuro checks every ________

[ ] Cardiorespiratory monitor
- [ ] Continuous pulse oximetry
- [ ] Oxygen to keep saturations greater than 90%
- [ ] Headache pain before and after each dose of IV DHE
- [ ] Daily I & O
- ___________________________

Call LIP

- [ ] Heart rate greater than ________ or less than ________
- [ ] Respiratory rate greater than ________ or less than ________
- [ ] SBP greater than ________ or less than ________
- [ ] Fever greater than ________
- [ ] Neurological changes from baseline

- [ ] Dihydroergotamine (DHE) side effects including but not limited to: emesis, hypertension, numbness, chest pain, delayed capillary refill time or failure of IV placement

Diet

- [ ] Regular diet
- [ ] Advance diet as tolerated
- [ ] NPO
- [ ] ___________________________

Activity

- [ ] Quiet: rest in room, no television or video games and visitors limited.
- ___________________________

Labs

- [ ] Beta HCG
- [ ] urine
- ___________________________

Imaging/EKG (Call LIP when completed)

- [ ] 12 Lead EKG (prior to IV DHE) Indication: Evaluate for arrhythmia
- ___________________________
- [ ] Indication: ___________________________

IV/ Fluids

- [ ] J-Tip prior to IV placement (see medications below)
  - Contraindications: low platelet count, lidocaine allergy and patient or parent refusal.
- [ ] Place peripheral IV

  - [ ] Maintenance IV fluid:
    - [ ] No dextrose
    - [ ] 5% dextrose
    - [ ] 10% dextrose
    - [ ] _____% dextrose
    - [ ] 0.45% NaCl
    - [ ] 0.9% NaCl
    - [ ] 20 mEq KCL/L
    - [ ] _____ mEq KCL/L
    - ______ mLs/hr

- [ ] NS bolus 20 mL/kg = ______ mLs one hour prior to first dose of DHE
- [ ] IV + PO = ______ mLs/hr
- [ ] Saline lock IV if adequate PO intake
- [ ] Flush IV line with 3 mL of normal saline every 8 hours when not in use and PRN before and after medication and blood draws.
## Medications

- **See Medication Reconciliation Form for all other medication orders**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Total dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>J-Tip: 1% Buffered Lidocaine</td>
<td>Not to exceed 0.2 mL</td>
<td>Intradermal</td>
<td>Up to 3 times a day</td>
<td>Inject prior to IV placement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose per kg</th>
<th>Total dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>J-Tip: 1% Buffered Lidocaine</td>
<td>0.15 mg/kg</td>
<td>______ mg (max dose 10 mg)</td>
<td>IV, PO</td>
<td>30 minutes prior to DHE doses 1-3</td>
<td>Nausea/vomiting</td>
</tr>
<tr>
<td>Metoclopramide</td>
<td>2.5 mg (39 kg and less)</td>
<td>PO</td>
<td>30 minutes prior to DHE doses 1-3</td>
<td>Nausea/vomiting</td>
<td></td>
</tr>
<tr>
<td>Prochlorperazine</td>
<td>5 mg (40 kg and greater)</td>
<td>PO</td>
<td>30 minutes prior to DHE doses 1-3</td>
<td>Nausea/vomiting</td>
<td></td>
</tr>
<tr>
<td>Ondansetron</td>
<td>0.1 mg/kg</td>
<td>______ mg (max dose 4 mg)</td>
<td>IV, PO</td>
<td>30 minutes prior to DHE doses 4 and up</td>
<td>Nausea/Vomiting or Unable to tolerate other anti-emetics</td>
</tr>
</tbody>
</table>

### Dihydroergotamine (DHE) Medication

- Dilute each DHE dose in 25-50 mLs of 0.9% Normal Saline

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose per kg</th>
<th>Total dose</th>
<th>Route</th>
<th>Frequency/Infusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHE (test dose)</td>
<td>0.01 mg/kg</td>
<td>______ mg (max dose 0.5 mg)</td>
<td>IV</td>
<td>Give once / Infuse over 20 minutes</td>
</tr>
<tr>
<td>DHE (target dose)</td>
<td>0.02 mg/kg</td>
<td>______ mg (max dose 1 mg)</td>
<td>IV</td>
<td>Every 8 hours / infuse over 20 minutes (Start 8 hours after last test dose)</td>
</tr>
</tbody>
</table>

### Consults

- Psychiatry: evaluate for anxiety and depression, check coping mechanisms for living with a chronic illness (LIP to call)
- Integrative Medicine: complimentary and alternative headache therapies (LIP to call)
- Child Life – evaluate and treat
- Physical Therapy – evaluate and treat
- Education: school needs/assistance

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**NEUROLOGY INTRACTABLE HEADACHE ORDER**

**Medical Orders**

- **Medication**
- **Route**
- **Frequency**
- **Instructions**

**Consults**

- Psychiatry
- Integrative Medicine
- Child Life
- Physical Therapy
- Education

**Signature:** ___________________________ (MD/LIP)  **Date:** ___________  **Time:** ___________

**Print Name:** ___________________________ (MD/LIP)  **Date:** ___________  **Time:** ___________

**Signature:** ___________________________ (RN)  **Date:** ___________  **Time:** ___________

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**Intermountain Primary Children's Hospital**

**NEUROLOGY INTRACTABLE HEADACHE ORDER**  **(Page 2 of 2)**  **(07/2014)**