

Attending Physician: _____ Team: _____

Resident: _____ Pager: Located on Smartweb

Allergies: _____ Weight _____ kg

Diagnosis:

- Intractable Headache _____

Vital signs/Monitoring

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> HR, RR, Temp every 4 hours <input type="checkbox"/> HR, RR, Temp every _____ <input type="checkbox"/> Blood pressure every 12 hours <input type="checkbox"/> Blood pressure every 15 minutes before and after dose of IV DHE <input type="checkbox"/> Blood pressure every _____ <input type="checkbox"/> Neuro checks every 4 hours <input type="checkbox"/> Neuro checks every _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Cardiorespiratory monitor <input type="checkbox"/> Continuous pulse oximetry <input type="checkbox"/> Oxygen to keep saturations greater than 90% <input type="checkbox"/> Headache pain before and after each dose of IV DHE <input type="checkbox"/> Daily I & O <input type="checkbox"/> _____ |
|---|---|

Call LIP

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Heart rate greater than _____ or less than _____ <input type="checkbox"/> Respiratory rate greater than _____ or less than _____ <input type="checkbox"/> SBP greater than _____ or less than _____ <input type="checkbox"/> Fever greater than _____ <input type="checkbox"/> Neurological changes from baseline | <ul style="list-style-type: none"> <input type="checkbox"/> Oxygen requirement changes from baseline <input type="checkbox"/> Urine output less than 1 mL/kg/hr <input type="checkbox"/> _____ |
|--|---|

- 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

<input type="checkbox"/> Maintenance IV fluid:	<input type="checkbox"/> No dextrose <input type="checkbox"/> 5% dextrose <input type="checkbox"/> 10% dextrose <input type="checkbox"/> _____% dextrose	<input type="checkbox"/> 0.45% NaCl <input type="checkbox"/> 0.9% NaCl	<input type="checkbox"/> 20 mEq KCL/L <input type="checkbox"/> _____mEq KCL/L	_____ mLs/hr
<ul style="list-style-type: none"> <input type="checkbox"/> NS bolus 20 mL/kg = _____mLs one hour prior to first dose of DHE <input type="checkbox"/> IV + PO = _____ mLs/hr <input type="checkbox"/> Saline lock IV if adequate PO intake <input type="checkbox"/> 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

Medication		Total dose	Route	Frequency	Instructions	
<input type="checkbox"/> J-Tip: 1% Buffered Lidocaine		Not to exceed 0.2 mL	Intradermal	Up to 3 times a day	Inject prior to IV placement	
Medication	Dose per kg	Total dose	Route	Frequency	Indications	
Prior to DHE doses 1-3	<input type="checkbox"/> Metoclopramide	0.15 mg/kg	_____ mg (max dose 10 mg)	<input type="checkbox"/> IV <input type="checkbox"/> PO	30 minutes prior to DHE doses 1-3	Nausea/vomiting
	<input type="checkbox"/> Prochlorperazine		2.5 mg (39 kg and less)	PO	30 minutes prior to DHE doses 1-3	Nausea/vomiting
	<input type="checkbox"/> Prochlorperazine		5 mg (40 kg and greater)	PO	30 minutes prior to DHE doses 1-3	Nausea/vomiting
Prior to DHE doses 4	<input type="checkbox"/> Ondansetron	0.1 mg/kg	_____ mg (max dose 4 mg)	<input type="checkbox"/> IV <input type="checkbox"/> PO	30 minutes prior to DHE doses 4 and up	Nausea/Vomiting or Unable to tolerate other anti-emetics

Dihydroergotamine (DHE) Medication

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

Medication	Dose per kg	Total dose	Route	Frequency/Infusion
<input type="checkbox"/> DHE (test dose)	0.01 mg/kg	_____ mg (max dose 0.5 mg)	IV	Give once / Infuse over 20 minutes
If test dose is tolerated please wait 30 minutes then repeat the DHE test dose once				
<input type="checkbox"/> DHE (target dose)	0.02 mg/kg	_____ mg (max dose 1 mg)	IV	Every 8 hours / infuse over 20 minutes (Start 8 hours after last test dose)

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
- _____

Signature: _____ (MD/LIP) Date: _____ Time: _____

Print Name: _____ (MD/LIP)



Signature: _____ (RN) Date: _____ Time: _____

Signature: _____ (HUC) Date: _____ Time: _____