

Migraine Cocktail Infusion Order (Non DHE)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form to desired location.

Required Lab Results: Pregnancy test (females aged 15-49 years old) within 48 hours of treatment. **Must be completed prior to scheduling.**

Infusion Therapy:

ICD 10 code: _____

Valproate (Depacon) 500mg **OR** 1000mg in 100mL 0.9% NS IVPB over 1 hour.

Dexamethasone (Decadron) 10mg IVP

Magnesium Sulfate 2gm/50mL IVPB over 1 hour.

SoluMedrol 500mg in 100mL of 0.9% NS IVPB over 30 minutes

Toradol 30mg IVP

Frequency: Once daily x 3 days

Pre-Meds:

Reglan **10mg** IVP x 1 dose 15 minutes PRIOR to each treatment

Ondansetron **8mg** IVP x 1 dose 15 minutes PRIOR to each treatment

- If patient has an allergy to metoclopramide, give ondansetron alternatively.

Benadryl **25mg** IVP x 1 dose 15 minutes PRIOR to each treatment

PRN Medications:

Toradol 30mg IVP x 1 PRN severe pain (7-10), for breakthrough pain between treatments

Acetaminophen 500mg PO every 4 hours PRN mild pain (1-3) or moderate pain (4-6)

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

Infusion Monitoring:

- Obtain vital signs and pain score (0-10 scale) pre-infusion, PRN during treatment, and POST-treatment.
- Monitor for any signs of reaction or side effects 15mins POST-treatment.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: