

Status Migrainosis DHE Infusion Protocol (Revised 4/3/21)

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.

Infusion Therapy:

ICD 10 code: _____

Day 1:

- Dihydroergotamine (DHE) **0.5mg** in 50mL of 0.9% NS IVPB over 15mins (loading dose)
- Dihydroergotamine (DHE) **1mg** in 50mL of 0.9% NS IVPB over 15mins four hours after 1st dose (subsequent dose)

Day 2 and Day 3:

- Dihydroergotamine (DHE) **1mg** in 50mL of 0.9% NS IVPB over 15mins, every 4 hours, x 2 doses

Pre-Meds:

Reglan **10mg** IVP x 2 doses (see instructions below):

- Administer 1st dose 15 minutes PRIOR to treatment. Second dose should be administered 4 hours POST initial DHE dose.

Ondansetron **8mg** IVP x 2 doses (see instructions below):

- If patient has an allergy to metoclopramide, give ondansetron alternatively.
- Administer 1st dose 15 minutes PRIOR to treatment. Second dose should be administered 4 hours POST initial DHE dose.

Benadryl **25mg** IVP x 2 doses

- Administer 1st dose 15 minutes PRIOR to treatment. Second dose should be administered 4 hours POST initial DHE dose.

PRN Medications:

Toradol **30mg** IVP Once 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:

- **HOLD** treatment and notify provider IF:
 - Baseline BP is > 140/90mmHg
 - Patient experiences chest pain during treatment
 - Systolic BP increases > 30mmHg from baseline during treatment
 - Diastolic BP increases > 15mmHg from baseline during treatment
- 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. Assess specifically for hypertension.
- Monitor for any signs of reaction or side effects 15mins POST-treatment.
- Assess for drug-drug interactions (CYP 3A4 Inhibitors, Beta blockers, Nicotine, Vasoconstrictors, Sumatriptan, SSRI's, etc)

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: