

Barts and The London NHS Trust

MIGRAINE

Date _____ Time _____ ED admitting consultant _____

Inclusion Criteria

- | | <u>Tick / Cross</u> |
|--|--------------------------|
| • Headache typical of patient's usual migraine | <input type="checkbox"/> |
| • Failed oral therapy | <input type="checkbox"/> |
| • Likely to be discharged within 12 hrs | <input type="checkbox"/> |
| • CDU transfer form filled out | <input type="checkbox"/> |

Exclusion Criteria

- | | |
|---|--------------------------|
| • Unstable vital signs | <input type="checkbox"/> |
| • GCS \leq 14 | <input type="checkbox"/> |
| • Diagnosis unclear | <input type="checkbox"/> |
| • New / focal neurological deficits not present with previous migraines | <input type="checkbox"/> |
| • Major co-morbidity requiring in-patient admission | <input type="checkbox"/> |

Investigations only if clinically indicated

Management

- | | |
|---|--------------------------|
| • Antiemetic as required | <input type="checkbox"/> |
| • Oral analgesia as required | <input type="checkbox"/> |
| • Chlorpromazine 12.5-25mg IV in N/Saline 500mls over 30 min | <input type="checkbox"/> |
| • If considering triptan / ergotamine, seek advice from consultant | <input type="checkbox"/> |
| • IV fluids only if failed oral rehydration / clinically dehydrated | <input type="checkbox"/> |
| • To be reviewed by Dr _____ at _____ hrs | |
| • Notify Medical Staff if: | |
| • Temp > 38C | |
| • HR < 60 or > 120 | |
| • RR < 8 or > 20 | |
| • Systolic BP < 100 or > 180 | |
| • Oxygen saturation < 92% on air | |
| • GCS drop by 1 point or more | |

Refer if:

- | | |
|---|--------------------------|
| • Symptoms uncontrolled with oral medication | <input type="checkbox"/> |
| • Neurological deficit not resolving | <input type="checkbox"/> |
| • Development of new neurological deficit or impaired conscious state | <input type="checkbox"/> |

Discharge only if:

- | | |
|----------------------|--|
| • Symptoms resolving | |
|----------------------|--|

- Normal vital signs
- Can eat / drink normally
- Normal mobility
- Adequate home supports
- Discharge medications arranged
- Discharge letter completed

Referral / Consultation

In-patient team:

Team _____

Bleep _____

Time referred _____

Time seen _____

Reason for referral:

Fast Response Team:

- Social Work
- Physiotherapy
- Occupational Therapy

Time referred _____

Time seen _____

**ROYAL LONDON HOSPITAL
CLINICAL DECISION UNIT**

MIGRAINE DISCHARGE SUMMARY

Pt Sticker

Date _____

Dear Dr _____

Your patient was admitted into the Clinical Decision Unit following a presentation to the Emergency Department with a migraine.

Tick as appropriate:

Your patient had the following investigations:

Your patient had the following management:

- Oral analgesia
- IV antiemetic /Oral
- promazineIV chlo
- :Other medications

Your patient was observed in the CDU and discharged with the following:

- TTA medications:

- Out-patient referral to the _____ team
(Your patient will be contacted by the Out-Patient Department)
- Advice to contact yourself or the Emergency Department should there be any further problems

Thank you

Signed _____ Name _____ Grade _____