Barts and The London NHS Trust

MIGRAINE

Date ________  Time _______  ED admitting consultant _____________

Inclusion Criteria

- Headache typical of patient’s usual migraine
- Failed oral therapy
- Likely to be discharged within 12 hrs
- CDU transfer form filled out

Exclusion Criteria

- Unstable vital signs
- GCS ≤ 14
- Diagnosis unclear
- New / focal neurological deficits not present with previous migraines
- Major co-morbidity requiring in-patient admission

Investigations  only if clinically indicated

Management

- Antiemetic as required
- Oral analgesia as required
- Chlorpromazine 12.5-25mg IV in N/Saline 500mls over 30 min
- If considering triptan / ergotamine, seek advice from consultant
- IV fluids only if failed oral rehydration / clinically dehydrated
- 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
- Neurological deficit not resolving
- Development of new neurological deficit or impaired conscious state

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:

<table>
<thead>
<tr>
<th>Team</th>
<th>Bleep</th>
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| Time referred:                            | Time seen:       

Reason for referral:

Fast Response Team:

- Social Work
- Physiotherapy
- Occupational Therapy

| Time referred: | Time seen: |
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:

- Oral analgesia
- IV antiemetic / Oral
- IV chlorpromazine
- Other medications

Your patient had the following management:

- 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 __________