



# MIGRAINE infusion orders

Patient Name

DOB

Phone

M

F

**DIAGNOSIS** *Please provide ICD-10 code*

Migraine Headache

*(other)*

## MIGRAINE ORDERS

**ketorolac** (Toradol)

30mg 60mg

**magnesium sulfate**

500mg 1000mg

**valproate sodium** (Depacon)

250mg 1000mg

**dihydroergotamine mesylate** (D.H.E 45)

0.25mg 0.50mg 1mg

**ondansetron** (Zofran)

4mg 8mg

**dexamethasone** (Decadron)

4mg 10mg 12mg

**metoclopramide** (Reglan)

5mg 10mg

**Solu-Medrol** (methylprednisolone)

125mg 500mg 1000mg

**promethazine** (Phenergan)

12.5mg 25mg

**Other Medication:**

**Dosage:**

## IV FLUID ORDERS

**0.9% Sodium Chloride**

250ml 500ml 1000ml

Give over \_\_\_\_\_ hours

Give as bolus

**5% Dextrose**

250ml 500ml 1000ml

Give over \_\_\_\_\_ hours

Give as bolus

## NOTES

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider

Phone

Fax