



# 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