



THE MIGRAINE WORLD SUMMIT

Emergency Guide & Protocol

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3 Step Plan to Manage
Migraine Emergencies

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Introduction

Acute medications that fail ... New, strange and scary symptoms ... Attacks that last for days and simply won't stop ... there are so many varied reasons that may lead us to seek migraine care in the hospital emergency department.

There's hardly a less migraine-friendly place, unless it's a construction site. Bright fluorescent lighting, loud noises, strange smells, uncomfortable seating, and long waits are the norm. It's an unpleasant environment that is often staffed by skeptical nurses and doctors, trained to screen out drug seekers.

Why do we wind up here? It's rarely because we're seeking drugs we've never tried before. Many of us deserve a frequent visitor discount card from our local hospitals.

We're usually here because our Prevention and Acute treatments failed to relieve our symptoms, and we need Rescue-level attention.

“When disaster strikes, the time to prepare has passed.”

Isn't that the truth? Stephen Cyros, an author who writes about emergency preparedness, might have said this about migraine if he had experienced the pain of the Emergency Department at the local hospital.

What this Emergency Guide & Protocol includes:

- When to Go to the Emergency Department
- 3 Step Plan to Avoid Migraine Emergencies
- What is an Emergency Protocol?
- Guideline-Recommended Treatment for Migraine Emergencies
- Your Own Emergency Migraine Treatment Protocol (Template)

What this Emergency Guide & Protocol Does Not Include:

- Detailed Treatments Used in Emergencies (See our Treatment Directory)

As Dr. Richard Lipton said in his Migraine World Summit interview on this topic, “I do everything I can to keep my patients OUT of the Emergency Room.” Be sure to listen to his entire talk, which is full of insights you can share with your own doctor.



The best way to avoid a painful Emergency Room experience is to develop a strong plan with your doctor that reflects your most common emergency patterns and your entire health history.

Together, you may be able to save yourself another trip to the hospital the next time an emergency arises.

When to Go to the Emergency Department

When you're in the middle of a migraine attack, it's not easy to think clearly. So making a decision on whether to seek emergency medical care requires help.

People go to the emergency room for headache for a number of reasons, said Dr. Richard Lipton in his Migraine World Summit talk.

First Syndrome - It's the first attack of its kind, with new symptoms you've never had before. If someone has never had a headache before and they feel overwhelmed in pain with nausea and vomiting, that's pretty frightening and that's a good reason to go the emergency department.

Worst Syndrome - It's the worst attack you've ever experienced. The sudden onset of excruciating headache that's different than prior headaches can be a red flag. That might be a sign of something serious that requires immediate medical attention.

Last Straw Syndrome - When an attack continues day after day without any relief from treatments you're taking at home, you've reached the last straw. It's no longer tolerable. You need help to break an intractable attack.

Complex Diagnosis - Occasionally, people go to the emergency department when you have an especially complex case, such as cancer or HIV, and a difficult attack occurs with symptoms that could be migraine or could be something else. In this case, expert diagnosis is needed quickly.

All of these are good reasons to seek emergency medical care. Yet some of them, especially the Last Straw Syndrome, can be avoided with a three-step plan



3 Step Plan to Manage Migraine Emergencies

Given what an unpleasant, expensive and inconvenient thing it is to trek to the Emergency Department (often at 3am), it's worth it to have a good emergency plan in place with your doctor.

1 – Prepare in Advance – That means packing your Emergency Protocol documents and your “Ready Bag” with items to make your wait in the ED more tolerable: an eye mask, ear plugs, two frozen ice packs, neck pillow, warm socks, a small blanket, and anything else that gives you comfort.

2 – Onset Treatments at Home – Treating an attack early is advisable, with some combination of triptans, NSAIDs and Analgesics for pain, and anti-emetics or ginger for nausea. (See Treatment Directory for Acute options). You may also want to try some of the non-medicinal natural options if they're effective for you. Work with your doctor to choose your best first-line treatment.

3 – Rescue Treatments at Home - It's also a good idea to have non-oral formulations, like suppositories, nasal sprays and injection medications, available in your home arsenal if you're too nauseous to keep oral medications down, or your first line treatment doesn't work. When your rescue medication fails and your attack is getting worse, you may need Emergency attention.

Finally, if you find yourself going to the Emergency Department more than twice a year and experiencing attacks several days each month, it's time to revisit your Prevention plan with your doctor. That may include certain medicines, devices, behavioral and physical therapies, lifestyle and dietary changes, and vitamins/supplements. See our Treatment Directory for Preventative treatments for ideas.

What is an Emergency Protocol for Migraine?

The longer a migraine attack continues, the more difficult it becomes to treat. That's when many people with migraine go to the Emergency Department for care.

Inconsistencies in emergency care for migraine led two top headache neurologists to create a “best practices” approach for emergency room physicians.

In a review of emergency department practices and treatment, Dr. Amy Gelfand reported that the typical patient has presented symptoms for 24 to 72 hours and taken at least one rescue medication without adequate relief.



As a result of this investigation, Drs. Gelfand and Goadsby recommended a protocol for emergency room physicians to follow when someone with migraine arrives for urgent care.

Recommended Emergency Migraine Treatment Protocol (for ER Doctors)

1. Reassurance, assuming one is confident of the diagnosis, that this is migraine and can be controlled;
2. Ensure adequate hydration;
3. Control headache; and
4. Control associated features, particularly nausea, while also considering photophobia (light sensitivity) and phonophobia (sound sensitivity) through treatment in an appropriate environment.

Source: Gelfand, A. A., & Goadsby, P. J. (2012, April). A Neurologist's Guide to Acute Migraine Therapy in the Emergency Room. Retrieved May 10, 2017, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3737484/>

Many seasoned migraine warriors have experienced the pain of an emergency department once too often, and drafted their own Emergency Protocol for Migraine Care. With it, people often feel empowered to manage their own care, freed from 'drug-seeking' skepticism, and grateful for a slightly more expedited admission process.

Some protocols are a single sheet of paper, signed by your doctor. Others are binders including your personal protocol, list of medications and allergies, past visit summaries, and upcoming appointments. No matter which format you choose, it goes with you every time you go to the local Emergency Department or Urgent Care. Just hand the doctor your protocol and with few questions asked, you should be given exactly what is on that sheet of paper.

Guideline Recommended Treatments for Migraine Emergencies

Until recently, many patients going to hospital emergency rooms were administered what the hospital administration deemed best. That's often a function of the emergency room attending physician, who very rarely has much headache training.



In 2016, the American Headache Society issued its first ever Acute Headache Treatment Guidelines to include emergency care. While not all of these medications are available worldwide or in every emergency room, this list of treatments are worth reviewing with your personal physician as you create your own emergency treatment protocol.

Acute Treatments for Adults with Migraine in a Professional Health Care Facility

Level B: Probably effective

Chlorpromazine IV
Droperidol IV
Metoclopramide IV
Prochlorperazine IV
Sumatriptan SC
Dexamethasone (to prevent recurrence)
DHE IV, IM, SC
Ketoralac IV, IM
MgSO₄ IV (Migraine with aura)

Level C: Possibly effective

Valproate IV
Butorphanol IM
Meperidine IM
Methadone IM
Tramadol IV
Dexamethazone IV



Emergency Migraine Treatment Protocol

Name: _____

Date of Birth: _____

Diagnosis: _____

Risk Factors:

Allergies: _____

Preventive Medications / Dose / Frequency: _____

Acute Medications / Dose / Frequency _____

Recommended Emergency Medications: _____

Failed Rescue Medications: _____

Referring Physician Name: _____

Signature: _____ Date: _____

Phone: _____
