



THE HOSPITAL FOR  
SICK CHILDREN

**Division of Paediatric Emergency Medicine**

**ACUTE PRIMARY HEADACHE ORDER SET**

For children 8 years and older with suspected typical migraine (without focal auras), status migrainosus, or tension headache.

**Exclude** patients with fever, suspected stroke, toxicity or contributing underlying medical conditions.

LAST NAME (FIRST)

DATE OF BIRTH SEX MRN  
YYYY-MM-DD

PATIENT IDENTIFICATION STICKER OR  
ENTER DETAILS BY HAND

WEIGHT (KG)	ALLERGIES <input type="checkbox"/> NKDA
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Pain Score Intervals	Score	Scale used	Time	Signature	Print name
Initial Score					
One hour post STEP 1					
One hour post STEP 2					
One hour post STEP 3					
At Admission/ Discharge					

ORDERS	Ordering provider Printed name, Signature & Time	Noted by RN Initials & Time
<b>STEP 1a- If suspected acute primary headache (as above), give the following:</b> <input type="checkbox"/> Oral rehydration therapy (see appropriate protocol) <b>AND</b> <input type="checkbox"/> acetaminophen _____ mg (15 mg/kg/dose) PO x1 (maximum 1000 mg/dose) if not given within last 4 hours <b>AND</b> <input type="checkbox"/> ibuprofen _____ mg (10 mg/kg/dose) PO x 1 (maximum 600 mg/dose) if not given within last 6 hours <input type="checkbox"/> Non pharmacological interventions such a dark quiet room, cool cloth to forehead, consult to Child Life Specialist		
<b>STEP 1b- If also nauseous, give the following ORAL antiemetic:</b> <input type="checkbox"/> ondansetron _____ mg (0.15mg/kg/dose) ODT x 1 15 kg to 30 kg, give 4 mg oral disintegrating tablet (ODT) Greater than 30 kg, give 8 mg ODT		
<b>STEP 2- If no improvement in pain score (of greater than or equal to 2) at 1 hour after preceding step, give the following:</b> <input type="checkbox"/> rizatriptan ____ mg ODT x 1 less than 40 kg, give 5 mg ODT greater than or equal to 40 kg, give 10 mg ODT		
<b>STEP 3a- If no improvement in pain score (of greater than or equal to 2) at 1 hour after preceding step, give the following:</b> <input type="checkbox"/> metoclopramide _____mg ( 0.1 mg/kg/dose) IV X1 (maximum 10 mg/dose) <b>AND</b> <input type="checkbox"/> 0.9% NaCl _____ mL (10 mL/kg) IV infusion over 60 minutes (maximum volume 1L) After bolus D5W/0.9% NaCl _____ mL/hr IV (maintenance)		
<b>STEP 3b- For dystonic reactions give:</b> <input type="checkbox"/> diphenhydrAMINE _____ mg (1.25 mg/kg/dose) IV x 1 (maximum 50 mg/dose)		
<b>STEP 4- If no improvement in pain score (of greater than or equal to 2) at 1 hour after preceding step, give the following:</b> <input type="checkbox"/> ketorOLAC _____ mg (0.5 mg/kg/dose) IV x 1. Consider waiting 4 hours after the last dose of NSAID (non-steroidal anti-inflammatory drug, e.g. ibuprofen, naproxen, indomethacin) before giving ketorOLAC. Less than 16 years of age: maximum 15 mg/dose Greater than or equal to 16 years of age: maximum 30 mg/dose <input type="checkbox"/> Request admission		