

# MIGRAINE infusion orders

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone \_\_\_\_\_

M

F

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

Migraine Headache

(other)

## MIGRAINE ORDERS

**ketorolac** (Toradol)

30mg      60mg

**dexamethasone** (Decadron)

4mg      10mg      12mg

**magnesium sulfate**

500mg      1000mg

**metoclopramide** (Reglan)

5mg      10mg

**valproate sodium** (Depacon)

250mg      1000mg

**Solu-Medrol** (methylprednisolone)

125mg      500mg      1000mg

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

0.25mg      0.50mg      1mg

**promethazine** (Phenergan)

12.5mg      25mg

**ondansetron** (Zofran)

4mg      8mg

**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 \_\_\_\_\_

Address: \_\_\_\_\_