

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: _____

Length of Need _____

Refills: _____

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 _____

NPI# _____

DEA# _____

FAX ORDERS: 702-780-4887