



## My Headache Treatment Plan

### Preventative Treatment: Do these every day to prevent headaches

- Fluids: \_\_\_ ounces per day, none with caffeine or artificial sweeteners
- Exercise: 5-7 times a week for 30-60 minutes of aerobic activity (running, biking, swimming)
- Sleep: 8-12 hours each night with no more than a two-hour shift in sleep/wake times, no naps
- Diet: 3 healthy meals a day plus snacks if needed
- Screens: Take rest breaks with prolonged use (i.e. 30 min on, 5 min break), avoid screens 1h prior to bedtime
- Participation: Do not avoid activities because of headache, this helps your brain learn to react less to pain
- Distract yourself: When you have pain, do something you enjoy to help not focus on the pain
- Don't ask or talk about pain, no "check ins" (even talking or thinking about pain can activate your pain receptors!)
- Take the following medication every day to prevent headache:**
  - Coenzyme Q10 - 200mg once daily for at least four consecutive months (amazon.com)

### Acute Treatment: Do this immediately at the first sign of headache (<1 hour from onset)

- For all headaches, drink a sports drink like Gatorade or Powerade. Drink 8-12 oz quickly every time you get a headache. Do not buy sports drinks with artificial sweeteners and reduced calories like G2, Propel, or Zero.
- Preferred options and dosing for acute rescue medications include:
  - Ibuprofen (Motrin, Advil)
    - Ibuprofen (max 600mg/dose). Take \_\_\_mg every 6 hours as needed. Avoid using Ibuprofen more than 3 days per week or 15 days per month to prevent medication overuse.
    - If headache is still present one hour after initial ibuprofen dose, take rizatriptan as below.
  - Rizatriptan (Maxalt)
    - Rizatriptan (max 10mg/dose). Take \_\_\_mg. You may repeat rizatriptan once in 2 hours as needed if headache persists (max 2 doses per 24 hours). Avoid using rizatriptan more than 2 days per week or 10 days per month to prevent medication overuse.
- If a headache lasts longer than two days, please contact our office to coordinate further evaluation and care.
- If your child has a headache for longer than 72 hours and the above treatment failed, go to the nearest Emergency Department for the migraine protocol on the back of this sheet.

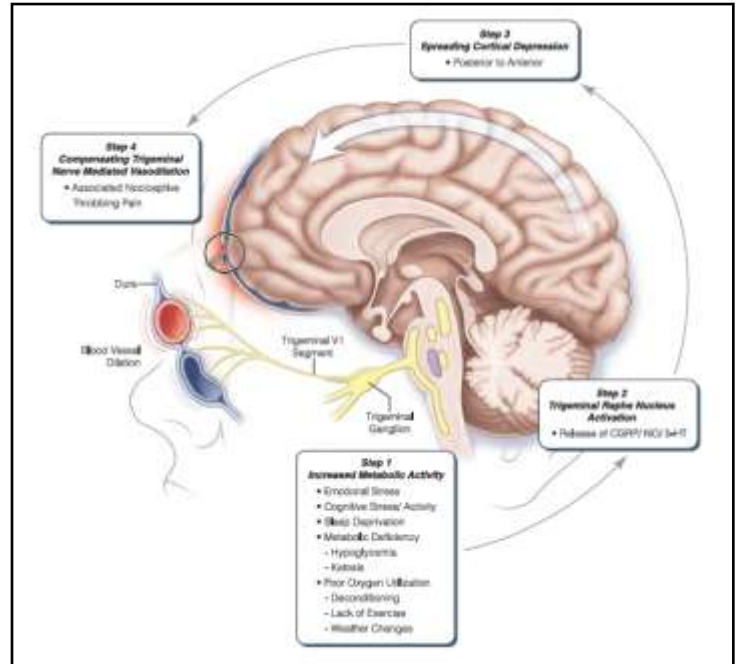
### Call your provider and seek care if you have any of the following with your headaches:

- high fever and/or stiff neck
- seizure-like activity
- waking from sleep due to headache
- persistent vomiting (especially if occurs upon awakening)
- loss of consciousness
- focal weakness/ trouble walking

## Migraine in Children and Adolescents

- Migraine is one of the most common forms of headache seen in children and adolescents, affecting between 15-25% of children and adolescents. 3 of 4 patients with migraine have a family member that also has headache.
- Some children have an aura, meaning a temporary neurologic symptom associated with migraine: most often visual changes like dark or bright spots, but also can include sensory changes (tingling), speech changes, or weakness.

<b>Major Criteria</b> at least 2 of the following symptoms	<b>Minor Criteria</b> at least 1 of the following symptoms
Across the front of the head or on one side	Light sensitivity
Throbbing, pounding, or pulsating quality	Sound sensitivity
Moderate to severe intensity	Nausea
Worse with activity or relieved with rest	Vomiting



### Emergency Department Protocol for Status Migrainosus (migraine > 72 hrs)

1. Please administer the following agents in rapid succession:
  - a. Normal Saline IV bolus 20 ml/kg to maximum 1 Liter
  - b. Prochlorperazine (Compazine) 0.1 mg/kg IV, maximum 10 mg/dose.
    - i. If no Prochlorperazine is available, substitute Metoclopramide (Reglan) 0.3 mg/kg, maximum 20 mg/dose.
    - ii. If patient develops an acute dystonic reaction, give IV diphenhydramine 1mg/kg, maximum 50mg/dose
  - c. Ketorolac (Toradol) 0.5mg/kg IV, max 30mg/dose
2. If step 1 does not abort the headache **to a goal of 0/10**, give valproate sodium (Depakote) 20mg/kg IV pushed over 10mins to a max of 1000mg. If this is effective, discharge home on depakote ER 20mg/kg divided BID (max 500mg BID) to be started within 4 hrs of discharge and continued for 2 weeks.
3. If steps 1-2 do not abort the headache completely, admit for IV dihydroergotamine (DHE) at Children's Hospital in Washington DC. Please call 202-476-5000 and ask for the neurology fellow on call if you wish to pursue this option or have additional questions.

### Helpful Websites:

- The Headache Relief Guide: <http://www.headachereliefguide.com/learn.php>
- Miles for Migraine (resources and support groups): <https://milesformigraine.org>
- Migraine At School (helping students with migraine): <https://migraineatschool.org>
- American Headache Society: <https://americanheadachesociety.org>
- American Migraine Foundation: <https://americanmigrainefoundation.org>
- Comfort Ability Program: <https://www.thecomfortability.com>