Healthcare Provider Order Set/Prescriptions for Intravenous Therapy for Treatment of Migraine at UrgentMD Inc.

URGENT MD

The referring healthcare provider has:

- Evaluated the patient
- Confirmed the history of migraine headache
- Diagnosed the patient as currently suffering from a migraine headache
- Ruled out the likelihood that the patient is suffering from another acute life-threatening cause for headache

Exclusion criteria:

- New onset headache/new diagnosis of "migraine" headache
- Clinically unwell appearing patient
- Concern that headache may be caused by a subarachnoid hemorrhage, meningitis, central sinus thrombus, or other non-migraine form of headache
- Known allergy to the prescribed migraine therapies
- Patient is unable to mobilize on his/her own without assistance (except for his/her own caregiver)

Prescribe at least one of the following medications (recommend all are selected unless of existing contraindication):

☐ Metoclopramide 10mg IV x 1 administered over _____ minutes to be diluted in 50mL Normal Saline

☐ Ketorolac 10 mg IV x 1 to be diluted in 50mL Normal Saline

☐ May administer additional 10mg of Ketorolac IV x 1 PRN to be diluted in 50 mL Normal Saline

☐ Decadron 10 mg IV x 1 IV to be diluted in 50 mL Normal Saline

☐ Tylenol 1g PO x 1

Intravenous fluid bolus:

☐ Normal Saline ☐ 500 mL ☐ 1000 mL IV bolus x 1

In the event of allergic reaction, the nurse providing infusion services may administer any of the following medications:

Epinephrine (1:1000) 0.3-0.5mg IM q 15 mins PRN

Diphenhydramine 50 mg IV/PO x 1 PRN (If administered IV, to be diluted in 50 mL Normal Saline)

Famotidine 20mg IV/PO x 1 PRN (If administered IV, to be diluted in 50 mL Normal Saline)

Decadron 10 mg IV x 1 or Prednisone 50 mg PO x 1 PRN (If administered IV, to be diluted in 50 mL Normal Saline)

Nursing responsibilities in the event of adverse reaction:

Evaluate the patient's clinical status

Monitor patient vital signs

Administer above medications as appropriate

Call 9-1-1 for immediate transport to hospital for definitive care

Provide necessary information to the Emergency Medical Services

Nursing Notes:

Prescriber attestation and prescription for medication administration at UrgentMD Inc.:

I certify that I have evaluated the patient and that I am referring the patient to UrgentMD Inc with an order for the administration of intravenous migraine therapy, which will be provided by a licensed registered nurse as a delegated act. I further acknowledge that I am aware that the patient will not be seen by a physician or nurse practitioner at UrgentMD.

Physician Name _____ Physician License number _____ Date _____