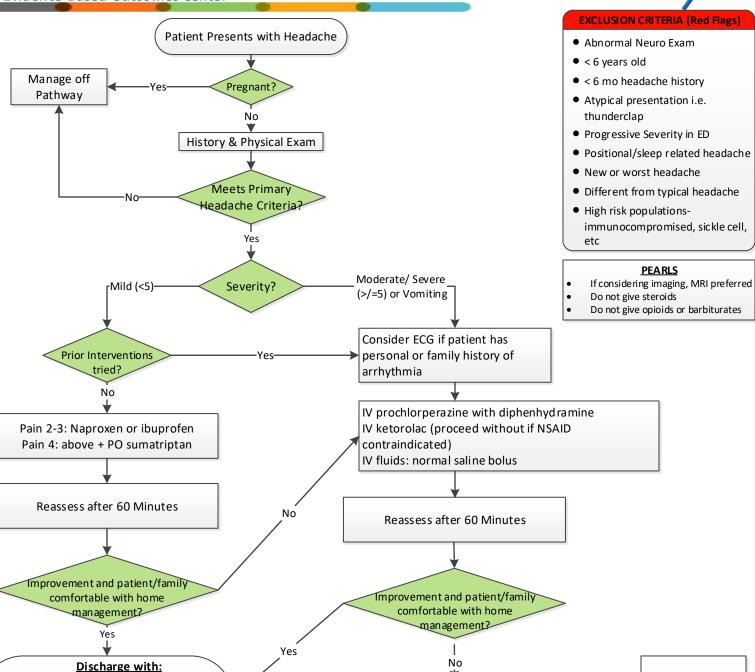
Primary Headache Disorder (ED)

Evidence-Based Outcomes Center



Enteral Medications

-Naproxen BID for 3 days.

- Place outpatient Neuro referral

-Consider if NSAID is appropriate or

contraindicated

- Acetaminophen 15 mg/kg PO (max 1 g)
- •Ibuprofen 10 mg/kg PO (max 800 mg)
- •Naproxen 10 mg/kg PO (max 660 mg)
- •Ondansetron 0.15 mg/kg PO (max 8 mg)
- •Diphenhydramine 0.5 mg/kg PO (max 50

mg)

IV Medications

- •Acetaminophen 15 mg/kg IV (max 1 g)
- •ketorolac 0.5 mg/kg PO (max 30 mg)

Improved-

- prochlorperazine 0.15 mg/kg IV (max 10 mg)
- •Ondansetron 0.15 mg/kg IV (max 8 mg)
- •Diphenhydramine 0.5 mg/kg IV (max 50 mg)
- •Normal saline bolus 20 ml/kg IV (max 1 L)
- •Valproic acid 20 mg/kg IV (max 1,000 mg)

Treatment of Dystonic Reaction

•Diphenhydramine 0.5 mg/kg IV (max 50 mg)

Triptans

If no improvement

consult Neurology.

Consider admission

after 60 min,

- •Rizatriptan tab or MLT (6-17 yo)
 - •20-39 kg = 5 mg PO

Not

Improved

- •40 kg = 10 mg PO
- •Zolmitriptan nasal spray (12-17 yo)
 - •20-39 kg = 2.5 mg
 - •40 kg = 5 mg
- •Sumatriptan PO

IV valproic acid (if no liver

dz or metabolic d/o)

- •<40 kg = 25 mg PO
- •>40 kg = 50-100 mg PO
- Sumatriptan nasal spray
 - •20-39 kg = 10 mg
 - •40 kg = 20 mg
- ***Contraindicated in CV dz, stroke, or pregnancy



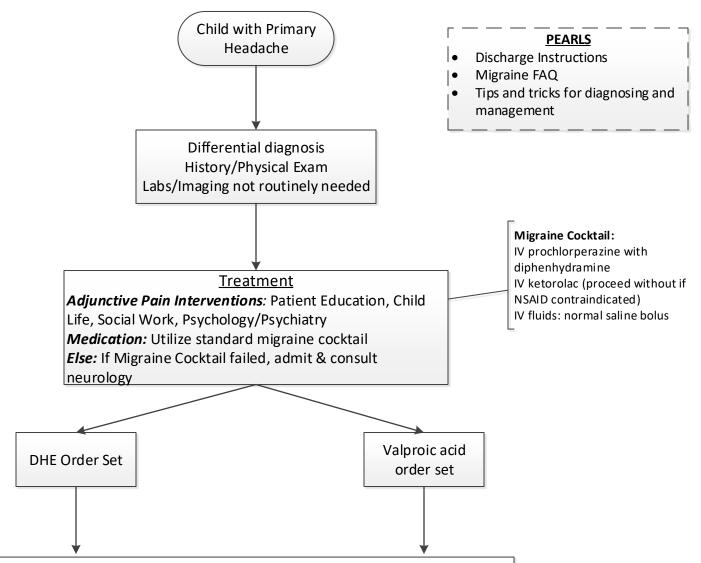
Last Updated June 2020



Primary Headache Disorder (Inpatient)

Evidence-Based Outcomes Center





Discharge Criteria

- Headache and associated symptoms have decreased to functional baseline (able to ambulate, tolerate PO, able to perform ADLs) for 12 hours or patient/ family feels comfortable being discharged home
- Outpatient follow up with neurology has been arranged
- Medications have been sent to pharmacy



Pediatric Headache Disorder Evidence Based Outcome Center



EBOC Project Owner: Dr. William Qubty

Approved by the Pediatric Migraine Workgroup Team

Revision History

Date Approved: June 2020 Next Review Date: June 2024

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