

MIGRAINE infusion orders

Patient Name _____

DOB _____

Phone _____

M _____

F _____

DIAGNOSIS *Please provide ICD-10 code*

Migraine Headache

(other) _____

MIGRAINE ORDERS

ketorolac (Toradol)

30mg 60mg

magnesium sulfate

500mg 1000mg

valproate sodium (Depacon)

250mg 1000mg

dihydroergotamine mesylate (D.H.E 45)

0.25mg 0.50mg 1mg

ondansetron (Zofran)

4mg 8mg

dexamethasone (Decadron)

4mg 10mg 12mg

metoclopramide (Reglan)

5mg 10mg

Solu-Medrol (methylprednisolone)

125mg 500mg 1000mg

promethazine (Phenergan)

12.5mg 25mg

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

Provider NPI: _____ Phone _____ Fax _____

Provider Name _____

Provider Address _____

Signature _____ Date _____