

Acute Migraine

With or without aura in children ages 6 years and above

← Maintain patient in dark, quiet room (no texting or TV) →
Administer 0.9% NaCl 10–20 mL/kg IV IF evidence of dehydration

CLINICAL SUSPICION OF MIGRAINE HEADACHE

- Moderate to severe pain
- Pounding quality
- Bilateral (children) or unilateral (adolescents)
- Nausea or vomiting
- Photophobia or phonophobia



STEP 1

- Ibuprofen 10 mg/kg/dose (MAX 600 mg) PO*
- Acetaminophen 15 mg/kg/dose (MAX 1 g) PO

AND (if nausea OR vomiting)

- Ondansetron
 - 15 – 30 kg: 4 mg ODT
 - More than 30 kg: 8 mg ODT

CONSIDER (administer early for most benefit)

- Triptans
 - Less than 40 kg: Rizatriptan 5 mg ODT
 - 40 kg or more: Rizatriptan 10 mg ODT
 - Age 12 years or more: Sumatriptan 20 mg INTRANASAL



REASSESS q60minutes



STEP 2 (persistent pain)

- Lidocaine 2% 0.5 mL or 4% 0.25 mL per nare INTRANASAL
- OR (if ineffective or patient preference)
- Metoclopramide 0.15 mg/kg/dose IV (MAX 10 mg)
 - *Treat* dystonias if they occur with diphenhydramine 1 mg/kg/dose IV (MAX 50 mg/dose)



STEP 3 (refractory pain)

- Occipital nerve block 2 mL lidocaine 2% or bupivacaine 0.5%
- Low-dose propofol (dosing and monitoring as per TREKK)



RED FLAGS

- Altered LOC or confusion
- Meningeal signs
 - Fever, nuchal rigidity
- Head trauma in past 72 hours
- Seizures
- Abnormal neurological exam
- Suspicion of increased ICP
 - Diplopia
 - Ataxia
- Severe thunderclap headache



CONSIDER

Expand Differential Diagnosis
Imaging
Consult/Call Pediatric Neurology

DISCHARGE

Pain improved (may not resolve in ED)
OR
Pain score < 4 (mild) or at baseline
Functional improvement
Naproxen 7 mg/kg/dose (MAX 500 mg)
PO BID x 48–72 hours

PAIN ASSESSMENT

- Assess pain q1h after each step
 - Numerical Rating Scale (0–10)
 - FACES-R (younger children)
 - FLACC (if non-verbal)
- Most medications are expected to take effect in 1–2 hours
 - Nasal lidocaine within minutes
- Pain generally resolves gradually over 72 hours