

Management Options for Recurrent Headaches

If parenteral medication is necessary, narcotics (including butorphanol) should be avoided as they can cause rebound headache and interfere with headache prophylaxis. Some agents, such as Demerol, also raise intracranial pressure and lower seizure threshold.

One or more of the following strategies for adults may be used provided there is no contraindication:

1. Promethazine (Phenergan) 25 - 100 mgs IM, depending on the patient's weight.
2. Prochlorperazine (Compazine) 10 mgs IV slowly.
3. Torecan (thiethylperazine) 10 mg IM or supp.
4. Metoclopramide (Reglan) 10 mgs IV alone, or followed by DHE-45 1 mg IV after 15 minutes.
4. Sumatriptan (Imitrex) 6mg sc.
6. Valproate sodium injection (Depacon) 500 - 1000 mgs IV slowly.
7. Ketorolac (Toradol) 30-60 mg IM - unless patient also has chronic daily (rebound) headache; this may be more effective with an antiemetic such as compazine.
8. Magnesium sulphate 2 Gm IV
9. Chlorpromazine 5-50 mg IV (depending on weight and BP) or 1 mg/kg IM (up to 50 mg).
10. Hydroxyzine (Vistaril) 25-100 mg
11. Zofran 4-8mg po or 0.15 mg/kg IV
12. Trimethobenzamide HCl (Tigan) 100-250 mg po or 200 mg supp
13. Triple IM Rx (Compazine/DHE/Decadron 4mg)
14. Intra nasal spray: Imitrex NS (5, 20 mg) or Migranal NS (4 mgs)
15. Benadryl 50- 100 mg po or IM
16. Droperidol* 2.5 mg IV q 30 min x 3 (or relief); and Cogentin 1-2 mg po TID *(check QTc interval)
17. Cocktail: Depacon 1 Gm IV + Magnesium sulphate 1 Gm IV
Phenergan 50-100 mg IM + Benadryl 50-100 mg IM
18. Reglan 20 mg IV q 30 min up to 80 mg; give Benadryl 25 mg with 1st and 3rd dose
19. Verapamil 10 mg IV
20. Lidocaine 3 mg/kg in N saline IV over 90 minutes. If no better 1-2 mg/kg in N saline IV over 60 minutes
21. Baclofen 10 to 20 mg po

Treat dehydration and orthostatic hypotension (consider caffeine). HA clinic 936-0060 for questions.