

Migraine Cocktail

Provider Order Form Rev. 12/21/2023

Please fax completed referral form & all required documents to (833) 786-0025



PATIENT DEMOGRAPHICS

Patient Name: _____ DOB: _____ Phone: _____
Address: _____ City/ST/Zip: _____
Allergies: _____ NKDA Weight: _____ lbs kg Height: _____ in cm
Patient Status: New to Therapy Dose or Frequency Change Order Renewal

INSURANCE INFORMATION: Please attach copy of insurance card (front and back).

DIAGNOSIS*

*ICD 10 Code
Required

- Migraine without aura (G43.001-G43.019), ICD10 _____ Other migraine (G43.801-G43.839), ICD10 _____
 Migraine with aura (G43.101-G43.119), ICD10 _____ Migraine, unspecified (G43.901-G43.919), ICD10 _____
 Chronic migraine without aura (G43.701-G43.719), ICD10 _____ Other: _____, ICD10 _____

INFUSION ORDERS

Select Migraine Cocktail options for administration:

Migraine Option 1

- 0.9% Sodium Chloride 1000 mL IV over 31-60 minutes; may repeat x1 dose if continuing to have migraine, nausea, and/or vomiting (*contraindicated if hx of CHF or edema*)
- Ketorolac 15 mg IVP; may repeat x1 dose in 30-60 minutes if continuing to have pain or headache (*contraindicated if hx of kidney disease or if patient has taken any NSAIDs in the past 6 hours*)
- Diphenhydramine 25 mg IVP; may repeat x1 dose in 30-60 minutes if continuing to have migraine or headache
- Ondansetron 4 mg IVP; may repeat x1 dose in 30-60 minutes if continuing to have nausea and/or vomiting
- Optional if selected:
 - Methylprednisolone 125 mg IVP -OR- Dexamethasone 4 mg IVP, may repeat x 1 dose in 30-60 minutes if continuing to have migraine

Migraine Option 2

- 0.9% Sodium Chloride 1000 mL IV over 31-60 minutes; may repeat x1 dose if continuing to have migraine, nausea, and/or vomiting (*contraindicated if hx of CHF or edema*)
- Ketorolac 15 mg IVP; may repeat x1 dose in 30-60 minutes if continuing to have pain or headache (*contraindicated if hx of kidney disease or if patient has taken any NSAIDs in the past 6 hours*)
- Diphenhydramine 25 mg IVP; may repeat x1 dose in 30-60 minutes if continuing to have migraine or headache
- Metoclopramide 10 mg slow IVP over 2-5 minutes
- Optional if selected:
 - Methylprednisolone 125 mg IVP -OR- Dexamethasone 4 mg IVP, may repeat x 1 dose in 30-60 minutes if continuing to have migraine

Migraine Option 3

- 0.9% Sodium Chloride 1000 mL IV over 31-60 minutes; may repeat x1 dose if continuing to have migraine, nausea, and/or vomiting (*contraindicated if his of CHF or edema*)
- Optional if selected:
 - Magnesium sulfate 1000 mg in 100 mL Dextrose 5% Water IV over 30 minutes
 - Valproate sodium 500 mg in 100 mL 0.9% Sodium Chloride IV over 15 minutes; may repeat in 30 minutes if no resolution of headache
 - Maximum daily dose: up to 2 grams of valproate sodium

Other (no controlled substances): _____

****Migraine cocktail disclaimer: No more than once daily. If patient has received all medications as ordered above (if indicated) and they continue to have a migraine with no improvement or symptoms worsen, then the patient needs to transfer to the Emergency Department as all therapies available in the AIC have been exhausted.****

Is patient currently receiving therapy above from another facility? NO YES

If yes, Facility Name: _____ Date of last treatment: _____ Date of next treatment: _____

OTHER ORDERS

LAB ORDERS: Labs to be drawn by: Infusion Center Referring Physician

No labs ordered at this time

CBC q _____ CMP q _____ CRP q _____ ESR q _____ LFTs q _____ Other: _____

ADDITIONAL ORDERS: _____

REFERRING PHYSICIAN INFORMATION

Physician Signature: _____ Date: _____

Physician Name: _____ Provider NPI: _____ Specialty: _____

Address: _____ City/ST/Zip: _____

Contact Person: _____ Phone #: _____ Fax #: _____

Email Where Follow Up Documentation Should Be Sent: _____

REQUIRED CLINICAL DOCUMENTATION

Please attach medical records: Initial H&P, current MD progress notes, medication list, and labs/test results to support diagnosis.