Migraine Cocktail

Provider Order Form Rev. 05/2026

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

HEALIX INFUSION CARE

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 _____

☐ Migraine with aura (G43.101-G43.119), ICD10 _____

☐ Chronic migraine without aura (G43.701-G43.719), ICD10 _____

☐ Other migraine (G43.801-G43.839), ICD10 _____

☐ Migraine, unspecified (G43.901-G43.919), 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): _____

Frequency: ☐ One time only ☐ Repeat regimen daily for _____ days ☐ Other: _____

Standing PRN order (optional): ☐ 1 Month ☐ 2 Months ☐ 3 Months

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: _____ NPI: _____ TIN: _____ 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.