



249 Danbury Road, Wilton, CT 06897
 400 Columbus Ave, Valhalla, NY 10595

MIGRAINE infusion orders

Patient Name _____

DOB _____

Phone _____

M

F

DIAGNOSIS *Please provide ICD-10 code*

Migraine Headache

(other)

MIGRAINE ORDERS

ketoralac (Toradol) 30mg 60mg	dexamethasone (Decadron) 4mg 10mg 12mg
magnesium sulfate 500mg 1000mg	metoclopramide (Reglan) 5mg 10mg
valproate sodium (Depacon) 250mg 1000mg	Solu-Medrol (methylprednisolone) 125mg 500mg 1000mg
dihydroergotamine mesylate (D.H.E 45) 0.25mg 0.50mg 1mg	promethazine (Phenergan) 12.5mg 25mg
ondansetron (Zofran) 4mg 8mg	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
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NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider

Phone

Fax