Migraine Action Plan

A migraine action plan is a road map for treatment communication and care planning. Having an action plan in place gives you a sense of direction and independence as well as the greatest potential for relief. Take this form to your next doctor's appointment and ask your clinician fill it out with you.

Migraine Meanderings

Overview

Clinician/Office Name _____ Clinician Signature _____

Phone _____ Website/Email Address _____

Diagnosis _____

Prodrome/Aura Phase: Signs a migraine is beginning or starting soon:

❑ Fatigue or decrease in energy ❑ Increase in energy ❑ Nausea and/or vomiting ❑ Yawning
❑ Speech changes ❑ Numbness/tingling ❑ Mood changes ❑ Food cravings ❑ Fast or pounding heart
❑ Trouble concentrating ❑ Light sensitivity ❑ Smell sensitivity ❑ Sound sensitivity ❑ Dizziness and/or vertigo
❑ Phantom smells ❑ Visual disturbances aura ❑ Alice in Wonderland aura
❑ Other: _____

Concerns that impact treatment:

❑ Other conditions ❑ Nausea and/or vomiting ❑ Afraid of needles ❑ Insurance type:
❑ Contraindicated medications (please list on attached sheet) ❑ Medications that do not work (please list on attached sheet)
❑ Information I read or heard about

Call my doctor in the following situations: _____

_____

_____

Preventive Treatment

To help prevent and/or reduce severity of migraine attacks:

Take these treatments (please include dosing, frequency and method of taking for all options):

❑ Medication(s):

❑ Supplements:

❑ Device(s):

❑ Nerve Blocks/Interventional Procedures:

Implement these lifestyle changes:

❑ Sleep ❑ Exercise ❑ Dietary ❑ Stress management ❑ Other: _____

Consider these integrative options:

❑ Massage Therapy ❑ Acupuncture ❑ Biofeedback ❑ Cognitive Behavioral Therapy ❑ Other: _____

Acute Treatment

To help stop or reduce the severity of migraine attacks:

STEP 1: At first sign of migraine, take the following: (*note: if you typically get very nauseated or vomit, a non-oral treatment should be considered for Step 1*)

❑ Medication: _____ Dosage: _____ Dosing Frequency: _____

Can combine with: _____

❑ Device: _____ Time: _____ Frequency: _____

❑ Other: _____

STEP 2A: If the above doesn't work in ____ hours,

❑ Medication: _____ Dosage: _____ Dosing Frequency: _____

❑ Other: _____

STEP 2B: If you are vomiting and/or the migraine is already full blown:

❑ Non-oral Medication: _____ Dosage: _____ Dosing Frequency: _____

❑ Other: _____

Rescue Treatment

For use when acute treatments are not working:

STEP 3: The following rescue treatments may be available by prescription at home or in our office (call/message our office for more information): ❑ Medication ❑ Injection ❑ Nasal Spray ❑ Nerve blocks ❑ IV

Details: _____

_____

STEP 4: The following are some reasons you may need go to urgent care or the ER for migraine:

- Severe nausea and/or vomiting that does not stop
- A thunderclap headache (a rare type of extremely painful headache that peaks within 60 seconds)
- Headache is typical but severe and not responding to any of the above treatment plan options
- New and concerning symptoms that are not typical for your migraine attacks such as: weakness, trouble walking, trouble talking, numbness, drooping face, etc.
- You are pregnant and the migraine is different, severe and/or persistent

If you need to go to the ER or Urgent Care, the clinician you see there will determine which treatment(s) you will receive. However, we encourage you to show them this Migraine Action Plan with our recommendation for emergency treatment.

ER/Urgent Care Treatment Recommendations:

Medications that should not be taken (contraindicated or high risk of medication adaptation headache):

Medications taken previously that do not work:

Additonal notes from doctor: