

MIGRAINE

1. Nausea: We have ondansetron available, this is typically the first-line for N/V. This is a 5HT3 serotonin **antagonist** and inhibits nausea. However, it can technically cause headache. For reference, sumatriptan is a 5HT **agonist**. Reglan (metoclopramide) can also be used and can be given IV. My typical dose is 5-10 mg depending on how severe the symptoms are. Reglan is a dopamine antagonist, prokinetic agent and 5HT **agonist**. It helps propel the gut forward. Therefore, it can help reduce nausea and improve headache. However, since it affects dopamine it can lead to akathisia (sensation of wanting to move) and dystonia. Giving a dose of diphenhydramine first helps prevent this.
2. Migraine: Many use Toradol because of its simplicity as a single IM injection. Did you know that Reglan can be also very effective for headache/migraine? A typical cocktail used in the ED is a combination of Reglan with a dose of diphenhydramine along with NSAID (Toradol). IV fluids can be helpful for dehydration/associated vomiting. Some also give a dose of dexamethasone. An example of a cocktail available in UC is 25mg diphenhydramine IV followed by 10mg metoclopramide IV and a dose of 15mg Toradol. Some add 10mg dexamethasone as well +/- fluids for dehydration. You will see some variety with dosing and meds, but this is one option. We also have IV valproate for severe, refractory migraines. Neurology will use valproate on occasion.
3. [Read more about treatment of migraines on UTD](#)
4. [Read about headaches in this AAFP article \(more a primary care approach\). I don't agree with use of opioids for headaches, however.](#)