MADISON NEUROLOGY LLC

608 403 0000

Neurology Care 7 days a Week. Because Your Brain Matters.

D.H.E. 45®

Dihydroergotamine mesylate (IV)

COMPLETE CLINICAL PROTOCOL: PRE-TREATMENT CHECKLIST • ORDER SET • FOLLOW-UP • HOLD/DISCONTINUE CRITERIA

GENERIC NAME	dihydroergotamine mesylate (IV)
BRAND	D.H.E. 45®
MEDICATION CLASS	Ergot alkaloid (nonselective 5-HT1 agonist with vascular effects)
PRESENTATION	1 mg/mL ampule
ROUTE	IV — slow push over 2–3 minutes or diluted short infusion
US INDICATION (FDA)	Acute treatment of migraine with or without aura; infusion centers use it for status migrainosus and refractory attacks (repetitive Raskin-style protocols).

Class context.
DHE remains a preferred parenteral rescue agent because it carries no medication-overuse-headache risk and works late into an attack — but the cardiovascular exclusion list is ABSOLUTE. Contraindications include pregnancy, ischemic heart disease, uncontrolled hypertension, peripheral vascular disease, sepsis, severe hepatic/renal impairment, hemiplegic/basilar migraine, potent CYP3A4 inhibitors, and triptan use within 24 hours.

Section 1 — Pre-Treatment Checklist

A. Required screening labs

☐ Pregnancy test — REQUIRED for females of reproductive potential: dihydroergotamine must not be used in pregnancy.

☐ Cardiovascular screen: exclude coronary artery disease, uncontrolled hypertension, peripheral vascular disease, and significant hepatic/renal impairment — ALL are contraindications.

☐ Medication reconciliation: NO triptan within 24 hours; NO potent CYP3A4 inhibitors (macrolide antibiotics, azole antifungals, protease inhibitors); no other ergots.

☐ Exclude hemiplegic or basilar-type migraine (ergot contraindication).

☐ Baseline blood pressure; document attack duration and prior failed treatments (establishes status migrainosus).

B. Vaccinations

☐ Not applicable.

C. Clinical assessments & counseling

☐ Counsel on expected nausea (antiemetic premedication reduces it substantially) and on transient chest tightness/flushing — and which symptoms (chest pain, limb pain/pallor) demand immediate stopping.

☐ For repetitive protocols: explain the multi-visit or inpatient-style schedule in advance.

D. Exclusion / hold criteria — do not start

CRITERION	RATIONALE / REQUIRED ACTION
Pregnancy or possible pregnancy	Absolute contraindication.
Ischemic heart disease, uncontrolled hypertension, peripheral arterial disease, sepsis, severe hepatic/renal impairment	Absolute contraindications.
Hemiplegic or basilar migraine	Contraindication.
Triptan within 24 hours / potent CYP3A4 inhibitor / other ergot	Contraindicated combinations.
Ergot hypersensitivity	Do not administer.

Section 2 — Order Set

Premedication

☐ Antiemetic ~30 minutes BEFORE each DHE dose: metoclopramide 10 mg IV or prochlorperazine 10 mg IV (add diphenhydramine 25 mg IV for EPS/akathisia prophylaxis per institutional practice).

Dosing schedule

Single rescue dose	DHE 1 mg IV (slow push over 2–3 minutes, or diluted); may repeat per protocol if tolerated.
Repetitive (Raskin-style) protocol	DHE 0.5–1 mg IV every 8 hours WITH antiemetic premedication, typically up to ~3 days for refractory status migrainosus (institutional protocol, off-label schedule).
Maximums	Do NOT exceed 2 mg IV per day or 6 mg per week.

Standing orders — every infusion

☐ Blood pressure before EVERY dose — hold for significant hypertension.

☐ Vascular symptom review (chest pain/tightness, limb pain, numbness, pallor) before every repeat dose.

☐ Hydration alongside; document response after each dose.

Contraception & pregnancy

Confirm a negative pregnancy test before the first dose of any course; counsel avoidance of pregnancy during treatment.

Section 3 — Follow-Up Protocol

ITEM	FREQUENCY / TIMING	ACTION / THRESHOLD
Blood pressure	Before each dose	Elevation → hold pending resolution.
Vascular symptom review	Before each repeat dose	Chest pain or limb ischemia signs → stop immediately and evaluate.
Headache response	After each dose and at course completion	No response after an adequate repetitive trial → change strategy.

Section 4 — Pause vs. Stop Criteria

A. Pause or delay (resume when resolved)

CRITERION	REQUIRED ACTION
Uncontrolled nausea	Adjust the antiemetic before the next dose.
Blood pressure elevation	Hold pending resolution.

B. Discontinue permanently

CRITERION	REQUIRED ACTION
Chest pain, coronary-type symptoms, or peripheral ischemia signs	Stop immediately; urgent cardiovascular evaluation.
Ergotism signs (limb cyanosis, severe cramping, paresthesias)	Stop immediately.
Ergot hypersensitivity reaction	Stop; manage; document.

Section 5 — Notes & Practical Points

- ☐ DHE + triptan timing errors are the commonest protocol violation — the 24-hour washout check belongs in the standing orders, not just the screening list.

Prepared November 2026 by Madison Neurology LLC.

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- Current U.S. prescribing information via NIH DailyMed — https://dailymed.nlm.nih.gov/dailymed/
- FDA Drugs@FDA database — https://www.accessdata.fda.gov/scripts/cder/daf/
- FDA drug safety and availability updates — https://www.fda.gov/drugs/drug-safety-and-availability

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Questions about infusion referrals: call 608 403 0000. Neurology Care 7 days a Week. Because Your Brain Matters.