MADISON NEUROLOGY LLC

608 403 0000

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

Migraine Rescue IV

IV headache cocktail: magnesium sulfate, ketorolac, valproate sodium, antiemetics, dexamethasone

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

GENERIC NAME	IV headache cocktail: magnesium sulfate, ketorolac, valproate sodium, antiemetics, dexamethasone
BRAND	Migraine Rescue IV
MEDICATION CLASS	Combination acute-care infusions (guideline-supported components; institutional protocol)
PRESENTATION	Component-specific: magnesium sulfate 1–2 g; ketorolac 15–30 mg; valproate sodium 500–1,000 mg; metoclopramide 10 mg or prochlorperazine 10 mg; ± dexamethasone 4–10 mg; ± normal saline 500–1,000 mL
ROUTE	IV infusion / IV push — single-visit rescue
US INDICATION (FDA)	Acute refractory migraine and status migrainosus presenting for infusion-center rescue after oral/SC options have failed.

Class context.
This is an INSTITUTIONAL protocol assembled from guideline-supported components — it is not an FDA-labeled regimen. Component selection and doses should follow the medical director's standing orders. Frequent rescue visits are a quality signal pointing at an inadequate preventive plan — route these patients to prevention.

Section 1 — Pre-Treatment Checklist

A. Required screening labs

☐ Pregnancy test for females of reproductive potential — valproate is CONTRAINDICATED for migraine in pregnancy; omit it if there is any doubt.

☐ Renal function + age/weight — ketorolac is contraindicated in renal impairment; halve the dose for age >65 or weight <50 kg.

- ☐ Bleeding-risk and NSAID history (ulcer, GI bleed, anticoagulation) before ketorolac.
- ☐ RED-FLAG review before treating: thunderclap onset, fever/stiff neck, papilledema, new focal deficit, cancer/pregnancy/new phenotype after 50 — image or refer; do not infuse a secondary headache.
- ☐ Document attack duration and failed treatments this episode.

B. Vaccinations

- ☐ Not applicable.

C. Clinical assessments & counseling

- ☐ Counsel on akathisia from dopamine-antagonist antiemetics (diphenhydramine prophylaxis reduces it).
- ☐ Set expectations: goal is function-restoring relief and a safe exit, with a prevention plan to follow.

D. Exclusion / hold criteria — do not start

CRITERION	RATIONALE / REQUIRED ACTION
Pregnancy (valproate component; caution overall)	Omit valproate; reconsider components.
Renal impairment, active GI bleeding, NSAID allergy (ketorolac component)	Omit ketorolac.
Secondary-headache red flags	Divert to emergency evaluation — do not treat.

Section 2 — Order Set

Premedication

- ☐ Diphenhydramine 25 mg IV when using metoclopramide or prochlorperazine (EPS/akathisia prophylaxis).

Dosing schedule

Hydration	Normal saline 500–1,000 mL IV.
Antiemetic (dopamine antagonist)	Metoclopramide 10 mg IV OR prochlorperazine 10 mg IV — with diphenhydramine 25 mg IV.
NSAID	Ketorolac 30 mg IV (15 mg if age >65 or weight <50 kg).
Magnesium	Magnesium sulfate 1–2 g IV over 15–30 minutes (classically favored for migraine with aura).
Valproate (optional component)	Valproate sodium 500–1,000 mg IV over ~60 minutes — never in pregnancy or uncertain pregnancy status.
Recurrence prevention (optional)	Dexamethasone 4–10 mg IV once — evidence supports reduced early recurrence.

Standing orders — every infusion

- ☐ Vital signs before and after; observation before discharge.

- ☐ Document response before discharge; give explicit return precautions (worsening, new neuro symptoms, no improvement).
- ☐ Book the follow-up: rescue visits indicate the preventive plan needs work.

Contraception & pregnancy

Valproate is contraindicated for migraine in pregnancy — confirm the negative test before including it.

Section 3 — Follow-Up Protocol

ITEM	FREQUENCY / TIMING	ACTION / THRESHOLD
Headache response	Before discharge	Inadequate response → escalate (e.g., DHE pathway) per standing orders.
Blood pressure / sedation	After antiemetics and magnesium	Support; extend observation as needed.
72-hour recurrence	Track at follow-up	Recurrence → strengthen prevention; add dexamethasone next time if omitted.

Section 4 — Pause vs. Stop Criteria

A. Pause or delay (resume when resolved)

CRITERION	REQUIRED ACTION
Hypotension or excessive sedation	Pause components; supportive care.

B. Discontinue permanently

CRITERION	REQUIRED ACTION
Hypersensitivity or severe reaction to any component	Stop that component; manage.
Emergence of red-flag features during the visit	Stop; escalate to emergency evaluation.

Section 5 — Notes & Practical Points

- ☐ Standardize the cocktail as a standing order-set — ad-hoc composition is where dosing errors (especially ketorolac in older/low-weight patients) creep in.

Prepared November 2026 by Madison Neurology LLC.

This document is an educational compilation and does not reproduce the complete prescribing information. Verify every element against the current FDA label and applicable REMS requirements before clinical use.

- 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

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