



EXCLUSION CRITERIA	
ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> • Lateralising neurological deficit • Altered conscious state or GSC <14 • Fever or other symptoms/signs of meningitis • Symptoms and signs of intracranial bleed 	<ul style="list-style-type: none"> • New focal neurological deficit • Age over 60 – unusual first presentation for migraine • Any first presentation of headache
KEY CONSIDERATIONS DURING SSU ADMISSION	
<ul style="list-style-type: none"> • Analgesia regular – Paracetamol 1g QID/Aspirin 600mg TDS/Ibuprofen 400mg QID • Antiemetic prn – Ondansetron 4-8 mg TDS IV or sublingual/Metoclopramide 10 mg TDS IV or oral • Migraine therapy <ul style="list-style-type: none"> ○ Chlorpromazine 12.5mg in 100 ml N/saline IV, run over 20 min ○ Can be repeated up to 3 times, total maximum dose of 37.5 mg IV, titrated to effect ○ AND concurrent 1 L N/saline (to mitigate any hypotension) • CTB +/- LP if suspicion for subarachnoid haemorrhage (SAH) <ul style="list-style-type: none"> ○ CTB within 6hrs of headache onset will obviate need for LP 	
REFERRAL CRITERIA	DISCHARGE CRITERIA
<ul style="list-style-type: none"> • No improvement of symptoms despite maximal therapy (Neurology) • SAH found on CTB or LP (Neurosurgery) • New or progressive neurological signs 	<ul style="list-style-type: none"> • Migraine resolved or improved • Tolerating oral intake • Baseline function, mentation and mobility • Stable vitals and no systemic symptoms including no fever • No focal neurological deficit
DISCHARGE REQUIREMENTS	
<ul style="list-style-type: none"> • Follow up plan; <ul style="list-style-type: none"> ○ LMO letter • Prescription for analgesia or patient's usual anti-migraine meds • Medical certificate • Re-attendance advice – e.g. recurrent headache, neurological symptoms 	
NURSE INITIATED DISCHARGE CRITERIA	
Medical staff to check: <ul style="list-style-type: none"> <input type="checkbox"/> Causes other than migraine considered/excluded <input type="checkbox"/> All investigations reviewed and results actioned <input type="checkbox"/> Discharge documentation and patient education completed 	NID: Appropriate/ Not Appropriate Signature
Outcomes pending (to be filled by MO):	
Nursing staff to check: <ul style="list-style-type: none"> <input type="checkbox"/> All "discharge criteria and requirements" met <input type="checkbox"/> Patient eating, drinking and mobilising <input type="checkbox"/> Headache settled or resolved <input type="checkbox"/> Patient keen for discharge 	NID: Appropriate/ Not Appropriate Signature