

# San Angelo Independent School District Health Services

## MIGRAINE ACTION PLAN

Effective date: \_\_\_\_\_

**THIS STUDENT IS BEING TREATED FOR A MIGRAINE. THE INFORMATION BELOW SHOULD ASSIST YOU IF A MIGRAINE OCCURS DURING SCHOOL HOURS.**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Treating Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Significant medical history/diagnosis: \_\_\_\_\_

### **MIGRAINE INFORMATION:**

Triggers/Warning signs: \_\_\_\_\_

Characteristics: \_\_\_\_\_

Frequency of occurrence: \_\_\_\_\_

Student's reaction: \_\_\_\_\_

### **TREATMENT PROTOCOL DURING SCHOOL HOURS:**

List medications to be taken at school at the onset of migraine:

MEDICATION NAME	DOSE	DIRECTIONS

- Student will be allowed to rest in nurse's office for 15-20 minutes to allow medication(s) to begin taking effect.
- Student will be assessed for relief/worsening of symptoms.
- After this time, the student may return to the classroom if pain relief is achieved or if the child feels they can continue to function.

### **NOTIFY THE PARENT IF:**

- Headache is unresponsive to above treatment after \_\_\_\_\_ hour(s)
- Headaches have a sudden change in characteristic or features.
- Headaches seem to be increasing in frequency
- Student should be referred to his/her physician after \_\_\_\_\_ occurrences within \_\_\_\_\_ week(s)/month

List additional steps to be taken in place of or in addition to medication:

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Ideally, by treating symptoms early with the steps listed above, it is our combined effort to achieve the goal to keep the student in school and able to concentrate/participate in school activities and ultimately missing less school.

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date