

**Hamilton Heights School Corporation
PLAN OF CARE – MIGRAINES**

Name: _____ Grade _____ Age _____
 Last Name First MI

School _____ Type of Disorder _____

Parent/Guardian Name _____

Address _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Parent/Guardian Name _____

Address _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Emergency Phone Contact #1 _____

	Name	Relationship	Phone
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Emergency Phone Contact #2 _____	Name	Relationship	Phone
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	Name	Relationship	Phone
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Specialist Student Sees _____

			Phone
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Other Physician _____

			Phone
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ALLERGIES (Food, Medication, Etc.) _____

DIET (Special diet, please address any dietary restrictions or special hydration needs)

MEDICATIONS: Please address side effects staff might observe or might interfere with learning.

Name of Medication	Dosage & Frequency	Possible Side Effects
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Known Triggers:

Migraine symptoms account for many visits to the health room and phone calls to parents. Many of these headaches are painful, but do not constitute a serious problem.

The classic migraine headache is characterized by an aura, or warning of an attack, such as numbness of the face or arm, tingling sensations, or vision changes. Following this, pain occurs frequently on one side of the head. The student may find light makes the headache worse. The exact cause of this type of headache is unknown, but appears to be due to chemical changes that make the blood vessels in the brain constrict and dilate. Triggers can include: stress, fatigue, overwork, the menstrual cycle, and dietary intake of such things as caffeinated drinks, chocolate, cheese.

Problem: Pain from migraines

Nursing Goal: Relieve discomfort.

Plan of Action:

1. Administer medication, _____, as prescribed
 - A. This medication, if given during the aura, may prevent or decrease the symptoms of pain
 - B. Side effects that must be reported to the Parent/Guardian and School Nurse include:

2. Allow _____ to rest in the clinic for _____ (length of time)
3. Other: _____
4. If there is no improvement, or headache becomes worse, the School Nurse will contact Parent/Guardian
5. Document migraine, including: symptoms, length of symptoms, when it occurred, what the student was doing that might have precipitated the headache, and actions taken in the Student's Health Suite Visit Record.

Comments/special instructions _____

Physician Signature

Date

Parent Signature

Date

School Nurse Signature

Date

