



PHYO
CMC85190-001NS Rev. 4/2021

**Dihydroergotamine (DHE)
Infusion Therapy Plan**

Patient Name: _____

Date of Birth: _____

Baseline Patient Demographic

To be completed by the ordering provider.

Diagnosis: _____ Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

NKDA - No Known Drug Allergies Allergies: _____

Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

Treatment should begin: as soon as possible (within a week) within the month

****Plans must be reviewed / re-ordered at least annually. ****

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

Height and weight

Vital signs

Obtain vital signs and pain score upon admission.

Hypotension Defined Admit

Nursing communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring.

Hypotension is defined as follows:

- 1 month to 1 year - systolic blood pressure (SBP) less than 70
- 1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years)
- 11 years to 17 years - systolic blood pressure (SBP) less than 90
- OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.
- Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

PREGNANCY TESTS AT DALLAS AND PLANO

Nursing communication

Only one pregnancy test is necessary, based on facility capabilities. Please utilize the lab that is available per facility.

Patient requires a pregnancy test (based on organizational policy, female patients over 10 require a pregnancy test)

Pregnancy test, urine - POC

STAT, ONE TIME, for females > 10 years old. If positive, do NOT infuse and contact the ordering provider.

Gonadotropin chorionic (HCG) urine

STAT, ONE TIME, unit collect, for females > 10 years old. If positive, do NOT infuse and contact the ordering provider.

Treatment Conditions

Physician Communication Order

Contraindications for DHE Administration: Positive Pregnancy Test - Report of Pregnancy - Use of any Triptan medication in the past 24 hours - use of intranasal Migranal within the past 24 hours - current use of protease inhibitors, antifungal or macrolide antibiotics (excluding azithromycin)

Key: BP = blood pressure; cm = centimeter; DHE = dihydroergotamine; HCG: gonadotropin chorionic; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / l = milliosmole per liter; NKDA = No Known Drug Allergies; NS = normal saline; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; SBP; = systolic blood pressure; STAT = immediately



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NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS

Insert peripheral IV / Access IVAD

Place PIV if needed or access IVAD if available

lidocaine 1% BUFFERED (J-TIP LIDOCAINE)

0.2 mL, INTRADERMAL, PRN

when immediate procedure needed when procedure will take about 1 minute patient / family preference for procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets $\leq 20,000$, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

lidocaine - prilocaine (EMLA) cream

TOPICAL, PRN

when more than 60 minutes are available before procedure when procedure will take more than 1 hour

patient / family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

lidocaine - tetracaine (SYNERA) patch

TOPICAL, PRN

when 20 - 30 minutes are available before procedure when procedure will take more than 1 hour

when anticipated pain is less than 5 mm from skin surface patient / family preference for procedure

lidocaine with transparent dressing 4% kit

TOPICAL, PRN

when 20 - 30 minutes are available before procedure when procedure will take more than 1 hour

patient / family preference for procedure

Heparin flush

heparin flush

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

heparin flush

100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

Sodium chloride flush

Sodium chloride flush 0.9% injection

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

Sodium chloride - preservative free 0.9% injection

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

INTRA-PROCEDURE

Vital signs

Once IV in place, monitor vital signs (Blood Pressure (BP), respirations, pulse) every 10 minutes for the first 30 minutes then every 30 minutes.



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INTRA-PROCEDURE, CONTINUED

Nursing Communication

Stop DHE infusion and call ordering provider for the following: Systolic Blood Pressure (BP) > 160 or diastolic Blood Pressure (BP) > 95, chest pain, persistent nausea, worsening headache.

Select the appropriate medication(s) below;

sodium chloride 0.9% for fluid bolus infusion INTERVAL: Once DEFER UNTIL: _____

For 1 dose, administer over 90 minutes NS bolus (maximum 1,000 mL):

< 50 kg: 20 mL / kg

> 50 kg: 1,000 mL

Dose: _____

ondansetron RTA infusion INTERVAL: Once DEFER UNTIL: _____

For 1 dose, ready to administer by IV infusion over 2 - 5 minutes, give 30 minutes prior to DHE. Ondansetron:

< 12 y.o. = 4 mg

> 12 y.o. = 8 mg

Dose: _____

ketorolac RTA infusion INTERVAL: Once DEFER UNTIL: _____

For 1 dose, Ketorolac: 0.5 mg / kg (maximum 30 mg)

Dose: _____

prochlorperazine tablet INTERVAL: Once DEFER UNTIL: _____

For 1 dose, Prochlorperazine oral tablet:

< 50 kg = 5 mg

> 50 kg = 10 mg

Dose: _____

valproate in NS infusion INTERVAL: Once DEFER UNTIL: _____

For 1 dose, ready to administer over 15 minutes. Valproic acid (Maximum dose 1,000 mg)

< 50 kg = 10 mg / kg

> 50 kg = 1,000 mg

Dose: _____

dihydroergotamine in sodium chloride 0.9% 100 mL infusion INTERVAL: Once DEFER UNTIL: _____

Intravenous, at 100 mL / hr, Once, starting 0.5 hours after treatment start time, for 1 dose. Administer over 1 hour. Start 30 minutes after ondansetron.

DHE dose: 6 - 9 years old - 0.1 mg

10 - 13 years old = 0.2 mg

14 - 17 years old = 0.3 mg

Dose: _____

diphenhydrAMINE injection INTERVAL: Once DEFER UNTIL: _____

INTRAVENOUS, ONCE PRN, to be given if headache does not improve after DHE infusion, for 1 dose

Diphenhydramine: 1 mg / kg (maximum 50 mg)

Dose: _____

Therapy Appointment Request

Please select department for the therapy appointment request:

Expires in 365 days

Dallas Special Procedures Plano Infusion Center Dallas Allergy Dallas Transplant Dallas Neurology



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EMERGENCY MEDICATIONS, CONTINUED

Cardio / Respiratory Monitoring
Rationale for Monitoring: High risk patient (please specify risk)

- Clinically significant cardiac anomalies or dysrhythmias
- Recent acute life-threatening event
- Unexplained or acutely abnormal vital signs
- Artificial airway (stent, tracheostomy, oral airway)
- Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply): Heart rate Oxygen saturation Respiratory rate
Telemetry Required: Yes No

diphenhydrAMINE injection

1 mg / kg, Intravenous, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.

Dose: _____

Albuterol for aerosol

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

Dose: _____

POST - PROCEDURE

Vital signs

Obtain vital signs and pain score prior to discharge.

Nursing communication

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.
Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.
Discontinue PIV prior to discharge.

Sodium chloride 0.9% infusion

Intravenous at 0 - 25 mL / hour, ONCE, for 1 dose.

Dose: _____

Signature of Provider (circle one):
MD DO _____ _____
Credentials Date Time

Printed Name of Provider