

MIGRAINE

Health Management Plan

SCHOOL YEAR: _____

STUDENT NAME:	DOB:
SCHOOL:	STUDENT ID:

Parent/Guardian	Parent/Guardian
Phone:	Phone:
Phone:	Phone:
Emergency Contact:	
Name:	Phone:
Physician:	Phone:
Hospital Preference:	

DEFINITION: Migraine headaches are frequently referred to as vascular headaches. The blood vessels in the head either constrict and become narrow or expand and dilate causing a headache and a variety of other symptoms. Often there is a family history of migraines.

STUDENT HISTORY/MEDS: _____

<p><u>SYMPTOMS:</u> (Check those that apply)</p> <p><input type="checkbox"/> Auras/visual disturbances</p> <p><input type="checkbox"/> Nausea/vomiting</p> <p><input type="checkbox"/> Throbbing pain</p> <p><input type="checkbox"/> Dizziness</p> <p><input type="checkbox"/> Sensitivity to light/loud sounds</p> <p><input type="checkbox"/> Numbness or tingling of extremities</p> <p><input type="checkbox"/> Other:</p>	<p><u>TRIGGERS:</u></p> <p><input type="checkbox"/> Hunger</p> <p><input type="checkbox"/> Lack of sleep</p> <p><input type="checkbox"/> Stress</p> <p><input type="checkbox"/> Hormonal changes</p> <p><input type="checkbox"/> Certain foods</p> <p><input type="checkbox"/> Pain relief medications if used too much</p> <p><input type="checkbox"/> Bright lights/computer lights/loud noises</p> <p><input type="checkbox"/> Other:</p>
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MANAGEMENT (circle those that apply):

Avoid known triggers

Rest/ dim the lights/quiet music

Deep breathing/ relaxation techniques

Cold pack/compress to forehead

Medications as provided by parent/guardian

Other

CALL PARENT/GUARDIAN if:

- Headache does not improve, or worsens
- Vomiting
- Other:

CALL 911 if:

School Clinic: Please provide a copy of plan to Transportation Supervisor

PARENT/GUARDIAN SIGNATURE	DATE	CLUSTER NURSE SIGNATURE	DATE
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Information about students and family is strictly confidential.