

How to Prepare for a visit to the Emergency Department

You have migraine, and your goal is to avoid a hospital visit. Ask your healthcare professional (HCP) if there are acute medications you can take orally during a migraine attack in order to avoid an Emergency Department (ED) visit.

However, even with an acute treatment plan, you may need to go to the hospital. ED doctors are not migraine specialists, and ED visits for migraine are not always treated with empathy. It is important that you prepare ahead of time to be your own advocate.

This guide will help you to determine when to go to the ED, how to prepare and what to bring, what to expect, and the follow-up actions that may be required.

When should you consider going to the Emergency Department?

- Your headache is different than usual, new symptoms, or you just feel that something is “not right”. Another problem (i.e. sinusitis and aneurysm) can lead to a different headache. A thunderclap headache (sudden onset to severe intensity) is a medical emergency. Any new RED FLAG symptom should be evaluated.

Red Flag Symptoms. Tell your HCP if you’ve experienced any of the following:

- Fever
- Aura (i.e. seeing sparks and bright dots, tingling on one side of the body, an inability to speak clearly)
- Sudden severe headache that peaks within 60 seconds (thunderclap)
- Headache that is worse after standing
- Headache that is progressively worse over the past few weeks/months
- Headache during pregnancy
- New type of headache
- Double Vision
- Loss of vision
- Weight loss

In a recent survey, 51% of respondents have visited the ED over the past 10 years. The average number of visits over the 10 year period was close to 9 visits.

Over 26% of respondents in a recent survey reported they were not satisfied with the care and treatment they received in the ED and 33% were somewhat satisfied



Preparing in Advance for a Visit to the Emergency Department



Step 1: Develop an ED Plan with your Healthcare Provider (HCP). Your HCP can advise the circumstances when you should visit the ED. Include in the plan your HCP's treatment recommendation to provide to the ED doctor. A few options to consider are: outpatient infusion or occipital block. Your HCP may also recommend a hospital in your area.

Step 2: Collect your documentation. Have your migraine condition documentation easily accessible. This includes: current treatment plan, complete medication and medical history.

The last page of this guide includes a medical history form. Keep this information current and handy. Let a loved one know where you keep this information.

A paper trail will reinforce the legitimacy of your symptoms to ED staff.

Step 3: Keep your preventive, abortive and rescue medications in one place, and ready to take to the ED with you.

- **Preventive Medications:** usually taken daily to prevent migraine from happening.
- **Abortive Medications:** taken during a migraine attack in an effort to stop it.
- **Rescue Medications:** taken if abortive medication does not work or can't be taken.

What to Bring With You:

- Have a bag ready to go at all times that includes:
 - Light snacks and a bottle of water
 - Dark glasses / sunglasses
 - Instant ice pack
 - If you are prone to nausea or vomiting, mints and a couple of bags (ZipLoc bag).
 - Earplugs
 - A scarf and/or essential oils to help mask odours
- Comfortable clothes
- Detailed description of your symptoms
- Your ED Plan and your documentation (which includes your medical history and medication history).
- If possible, bring your medications with you.
- A list of every medication you've taken over the last few days
- Your contact information, including your name, and contact information for your HCP or headache specialist, your patient advocate or/next of kin
- Your health card
- Your up-to-date headache diary
- A list of your triggers; especially what triggered your current migraine

What to Expect at the Emergency Department



- Be prepared to self-advocate
 - Clearly describe your symptoms and pain levels, what you have tried and why you resorted to coming to the ED. Have your documentation and refer to it as required. Don't be afraid to ask for anything you need. You can bring an advocate with you to ensure your medical questions are answered fully, to help you remember any important instructions, and ensure you get the care you need.
- The Wait
 - Expect a lengthy wait. You will be assessed and then go through triage. More visible conditions are often prioritized above migraine.
- The Waiting Room
 - With the bright lights, noise, and uncomfortable chairs, the ED is a sensory overload for anyone, but especially for someone in the midst of a migraine attack. These conditions can worsen your attack.
- The Examination
 - Your symptoms may make it difficult for you to clearly communicate. Refer to your ED Plan and documentation, or provide it to the doctor to review. Migraine hangovers, also known as the “migraine fog,” can make patients appear drunk or dazed, raising suspicions that you are not legitimately unwell. If the doctor can determine that you are truly experiencing a medical issue, you will most likely be given pain relief medication.

Getting Discharged:

- Get a Sick Note
 - The postdrome phase can last almost as long as the migraine. Documentation from the ED physician can be helpful if you need to take time off from work. A sick note gives you the time to recover and make arrangements with your HCP.
- Schedule a follow-up appointment with your HCP.
 - Get all of the documentation from your ED visit before discharge. Schedule a follow-up appointment with your regular HCP to review the details of your hospital visit, and relay any new information you received from the ED doctor.
- DO NOT DRIVE
 - When your attack is bad enough to require an ED visit, you should not drive. Have a plan to get home safely. Driving may also not be safe when you leave the ED. Medication can make you sleep, and somnolence can last for hours.

Complete this form and include it in your documentation to bring to the ED.

Name:

Address:

Phone Number:

Date of Birth:

Next of Kin or Advocate

Name:

Relationship:

Phone Number:

Please list any allergies and adverse reactions to drugs/substances:

Primary Care Physician:

Neurologist or Other Specialist:

Name:

Name:

Phone Number:

Phone Number:

Medication List	Prescription Medications	OTC Medications	PRN Medications (As needed)
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Name:			
Dosage:			
Frequency:			

Previous Hospitalizations (Indicate if each issue is current or resolved)

Reason for Hospitalization:

Date:

Prior Surgeries and Date of Operation

Type of Surgery:

Date of Operation:

Previous Illnesses, Injuries and Dates

Type of illness or injury:

Date:

Family Medical History