

## Health Care Plan-Migraines

Name:

Date of Birth:

Emergency Contact:

Goals of School Care:

To provide student with interventions for coping with migraine while in the school setting.

**Common Symptoms:**

Throbbing or pounding headache

Aura or Visual disturbances

Nausea/Vomiting

Blurred Vision or Dizziness

Sensitivity to light, sound and odor

Head pain is usually one sided or frontal

**Action Required:**

1. Allow student to rest in quiet dark room with cold compress.

2. Give medication as directed.

3. Access to water, Gatorade, or salty snacks

4. Alternative activity in PE, to refrain from excessive heat.

5. Breaks from excessive screen time.

Medication to be given at school:

I approve this care plan for my child

Parent Signature

Date

Notes specific to student

Physician Signature

Date

School Nurse Consultant Signature

Date

