

Lewis Headache Center

Droperidol



Droperidol is a medication that can be given through an IV for status migrainosus (>72 hours of continuous pain that does not respond to home rescue medications).

How it Works

Droperidol works on dopamine receptors and is usually used of nausea but can help with uncontrolled migraine attacks.

Goals of Admission

The goal of this treatment is to stop a prolonged migraine attack. Droperidol can be given via intravenous administration until your headache has resolved. Unfortunately, the reality of having migraine disease is that you will likely get another migraine attack in the future, but you have a home rescue medication regimen to promptly treat future attacks.

Pre-Admission Testing

Before you are admitted for Droperidol infusion, we need to check some tests to ensure that this medication is safe for you to receive. This includes:

- Blood tests: comprehensive metabolic panel (CMP), pregnancy test
- EKG - this will be reviewed prior to scheduling your admission and based on the results, you may be referred to a cardiologist if an abnormality is seen

We also would like to make sure your blood pressure is controlled and that your home medication regimen for blood pressure is stable.

What to Expect During Your Admission

Logistics and Scheduling

- Nurses in our clinic and the hospital's Transfer Center will coordinate your admission. They will work with you to find the time that works best for your admission and work to set up the admission.
- You will have a clinic visit to review what will happen during your hospitalization.

- The Hospital Transfer Center/Bed Board will call you on the day of admission when a bed is ready, which may be in the late afternoon.
- You will check in at the front desk of the hospital and go to the patient admitting desk. They will direct you to the floor where you will be admitted, and you will check in at the front desk of that floor, who will direct you to your room.
- You can check with the Transfer Center regarding the most up-to-date visitor policy.

Hospitalization

- Your care team will include a neurology resident, attending neurologist, and a physician assistant from the Lewis Headache Center. There is someone from the neurology department in the hospital at all times in case emergencies arise.
- You will be admitted to the hospital for up to one week on a telemetry floor. Please check in at the front desk of the telemetry floor, and they will direct you to your room. You will have a heart monitor placed while you are in the hospital.
- The nurses on the floor that you are admitted to, have been trained on the care of the patient having a migraine that requires admission and intensive treatment.
- An IV that goes into the deep veins called a PICC line will be placed to administer Droperidol. There will be an additional IV placed in one of your veins to be used for medications that can be given as needed.
- You will spend more time in bed than normal during this admission, which puts you at risk for forming blood clots in your legs. Because of this, we give patients medication to help prevent blood clots (typically a once-a-day injection), otherwise you will be asked to wear compression devices to promote blood flow in your legs.

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Droperidol Infusion

- You will be given 2.5mg of droperidol every eight hours until your headache improves.
- Side effects of droperidol: fatigue, dizziness, changes in heart rate
- An EKG will be checked each morning to monitor your heart while you are receiving droperidol. If some of the intervals are abnormal, it may need to be stopped.
- Other headache treatments are sometimes given in between doses to help with your headache. This can be discussed with your care team.
- Nerve blocks may be performed while you are admitted. This can be discussed with your care team.

What to Bring to the Hospital

- Home medications that are not available from the hospital will need to be brought with you, such as Qulipta, Nurtec (preventative dosing), Ajovy, Emgality, or Aimovig (if due during your admission). Your migraine rescue medications will often not be used while you are in the hospital because you are getting Droperidol. Your other home medications will be continued during your admission.
- Comfortable clothes - shirts that button in the front are important so telemetry leads can be placed on your chest. Otherwise bring comfortable pajamas, socks, etc.

- Toothbrush, toiletries, etc.
- Water bottle, snacks. The hospital provides meals throughout your stay, but outside food can be brought in.
- Blankets/pillows that you prefer to use
- Laptop, books, headphones, phone chargers, etc.

After Discharge

- An RN from the Lewis Headache Center will call you within a few days of your discharge to see how you are doing.
- A follow up clinic appointment will be scheduled to review how the hospitalization went and how you are feeling since discharge. During this time, it is important to discuss side effects experienced with Droperidol.
- Your preventative medication regimen will be continued through the hospitalization and when you go home.
- You can resume using your home rescue treatment for migraine attacks after discharge. Migraine attacks after Droperidol infusion are not an indication of treatment failure and are unfortunately the reality of migraine disease. We hope that your home prevention and acute treatments will work better after Droperidol.