How to Prepare for a Visit to the Emergency Room



Most people with migraine end up in the emergency room (ER) for two reasons: Either they fear their symptoms may be a sign of another serious health condition, or they need urgent care because their migraine pain has become unmanageable. If the pain begins suddenly, is more intense than usual, causes numbness, weakness, vision loss, or includes any new or unusual symptoms, then it's time to see a doctor.

Unfortunately, emergency room visits for migraine are sometimes greeted with hostility instead of empathy and compassion. It is not uncommon to hear of migraine patients being treated skeptically, as if they are exaggerating their symptoms. Don't let this discourage you. Remember that emergency room doctors are not migraine specialists—much of their work involves visible, physical emergencies, whereas understanding and treating migraine is a much more nuanced discipline. Because of this, it is important that you prepare ahead of time to be your own advocate so you can ensure you are taken seriously, treated with respect and that your questions and concerns are addressed.

Preparing for a Visit to the Emergency Room

- Step 1: Work with your doctor or headache specialist to put together a list of mutual goals. The No. 1 goal for every migraine patient should be to avoid the need to visit an ER for treatment. Ask your doctor for an alternate plan in the event you have severe pain when their office or clinic is closed. If at some point an ER visit becomes unavoidable, shift your focus to what you should do while in the emergency room for the best possible results. A few options to consider are an outpatient infusion or an occipital block, and your doctor might even be able to call the emergency room beforehand and pave the way for your visit.
- Step 2: Before you head to the ER, have your preventive, abortive and rescue meds ready. Document your complete medication history, including dosages and how often you take each medication. If you are able, bring your medications with you to the emergency room. The next page of this guide includes a form you can use to document your medication history to keep this information on hand and in one place.

Preventive:

Medications that prevent migraine from happening and are usually taken daily.

Abortive:

Medications that are taken during a migraine attack in an effort to abort it.

- Step 3: Collect all documentation you and your doctor have about your disease, including your current treatment plan.

 A paper trail will reinforce the legitimacy of your complaints because it shows ER staff that you have a documented history of severe head pain, and aren't exaggerating the severity of your pain or "looking for drugs."
- Step 4: Ask your doctor or headache specialist to outline under what circumstances you should or should not visit the emergency room, which emergency department they recommend and what you should request when you get there. A referral from a doctor who knows you well will help you find the right ER doctor in the right department, so you're more likely to start the process with a more understanding team by your side.

Signs You Should Go to the Emergency Room

Status Migrainosus is a condition where a person has constant migraine pain for 48 to 72 hours. If you ever experience one of these attacks, you need to go to the emergency room. Other symptoms include:

- Diarrhea
- Nausea and vomiting
- Unusual or new symptoms, like weakness, loss of sight, confusion, etc.
- Vision interferences including aura, vertigo or flashes of light
- A sudden, rapid onset of pain, fever or stiff neck
- Pain with unprecedented intensity

Nearly 45% of people with migraine are not getting correct treatment.

Filing the Paperwork

An emergency room may be the worst place to have migraine. Bright lights, lots of noise, uncomfortable chairs—It's sensory overload for anyone, but especially for someone in the midst of a migraine attack. Here's what to be prepared for once you get there.

The wait. Expect a lengthy wait time when you arrive at the emergency room. You'll have to be assessed and go through triage, and unfortunately, migraine is often considered a less serious problem than more visible conditions in the emergency department.

The waiting room. The hospital waiting room is the absolute worst place to be when your head is pulsating and your stomach and the room are spinning. It is often noisy, excessively bright and has strange smells and beeping alarms—all of which can make a migraine attack worse.

The examination. When you are finally seen by a doctor, your symptoms may make it difficult for you to give a coherent account of your medical history. Migraine hangovers, also know as the "migraine fog," can make patients sound drunk or dazed, and can further raise an ER doctor's suspicions that you are not legitimately unwell. If they can determine that you are truly experiencing a medical issue, you will most likely be given pain relief medication and sent home.



Complete this form and bring it with you if you ever find yourself in the emergency room because of a migraine attack.



Name:			
Address:			
Phone Number:			
Next of Kin or Adv	vocate		
Name:			
Relationship:			
Phone Number:			
Living Will/Organ	Donation:		
Please list any alle	ergies and adverse reaction	s to drugs/substances:	
Primary Care Physician		Neurologist or Other Specialist	
Name:		Name:	
Phone Number:		Phone Number:	
Medication List	Prescription Medications	OTC Medications Medications	PRN Medications (As needed)
Name:			
Dosage:			
Frequency:			
Previous Hospitali		current or resolved)	
Reason for Hospita	alization:		
Date:			
Prior Surgeries an	d Date of Operation		
Type of Surgery:			
Date of Operation:			
Previous Illnesses	, Injuries and Dates		
Type of illness or in	niurv:		
Type of filless of fi	, ,		
Date:			
-			

Items to Bring With You

Have a bag ready to go at all times, similar to what pregnant women might pack as their due date nears. It should include: + Snacks and water in case you have a long wait + Sunglasses
+ Mints and a trash bag if you're prone to nausea or vomiting+ Earplugs
+ A scarf and/or essential oils to help mask odors
A thorough description of your symptoms
A letter from your doctor explaining your diagnosis and a full history of your illness
A full list of medications and your complete medical history. If possible, bring your medications with you, too
A list of every medication you've taken in the last few days, as well as a list of medications that you have been prescribed in the past, and how effective they were
A list of previous injuries, surgeries and illnesses
A list of all known allergies
Your contact information, including your name, and contact information for your main doctor or headache specialist, your patient advocate and/or next of kin
Your insurance information, driver's license or another form of identification
Your headache diary
A list of your triggers, especially what triggered your current migraine
MOST IMPORTANT: Bring an advocate who can drive you to the ER, ensure your medical questions are answered fully, help you remember any important instructions and make sure you get the care you need

Don't forget to schedule a Follow-up

Before you're discharged, get all the documentation about what happened during your visit, and be sure to schedule a follow-up appointment with the provider that normally treats your migraine. At that follow-up, go over the details of your hospital visit, and relay any new information you received from the emergency room doctor. If you aren't currently seeing a headache specialist, search for one in our doctor database.



The mission of the American Migraine Foundation is to mobilize a community for patient support and advocacy, as well as drive and support impactful research that translates into advances for patients with migraine and other disabling diseases that cause severe head pain. Visit americanmigrainefoundation.org for more resources for people living with migraine and their supporters.

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