MIGRAINE INDIVIDUAL HEALTH PLAN

STUDENT NAME ____________________________
MIGRAINE TRIGGERS _______________________

Note: If student also has an Emergency Action Plan (EAP) for this condition, please refer to the EAP for actions school staff should take instead. Otherwise, follow the steps below.

This student has an EAP: □ Yes    □ No

Symptoms:

□ Mild, moderate or severe pain in the head
□ Throbbing or pounding pain
□ Nausea and/or vomiting
□ Sensitivity to light
□ Sensitivity to sound

□ Dizziness
□ One-sided sensory changes, called an aura, which may include changes in vision, numbness or tingling
□ Other: _______________________________

Interventions:

1. Allow student to rest in a dark, quiet space.

2. Administer medication, if prescribed, at onset of symptoms
   Medication: _____________________________

3. Allow access to water and snack, as needed.

4. Call 911 if needed. Notify front office to direct EMS to student’s location.

5. Call or radio for help if needed. Designated first responder school staff should respond to the student’s location, and bring any needed emergency equipment.

6. Notify parents/guardians if needed, or designate another staff member to notify:
   a. Parent/guardian name: ___________________ Phone number: _______________
   b. Emergency contact name: _______________ Phone number: _______________

7. Notify school nurse.

Additional information:

________________________________________________________________________
________________________________________________________________________

Reference: https://www.chop.edu/conditions-diseases/headaches-children