

Migraine/Headache Action Plan

Student Name: _____

Grade: _____ DOB: _____

Emergency Contact: _____

Phone: _____

Treating Provider: _____

Phone: _____

Completed by Health Care Provider:

Diagnosis: _____

Symptoms: Headache Dizziness Fatigue Foggy
 Nausea/Vomiting Light Sensitivity Noise Sensitivity Visual Dysfunction
 Sleep Difficulties Noise Sensitivity Cognitive Difficulties
 Other: _____

Describe aura (if any): _____

Known triggers (if any): _____

Green Zone - Prevent more headaches

Lifestyle choices may decrease migraine frequency/intensity: adequate sleep, healthy diet, hydration, caffeine avoidance, regular exercise, stress management, reduced screen time

- Allow water/food intake and use of restroom without restriction
- Allow excusal from assemblies
- Allow to wear earplugs and/or hat/sunglasses as needed

Yellow Zone - Don't wait! Act fast to treat your headaches

If at school, go to the school health office right away. Take **quick-relief medication** listed on the [DJUSD Medication Assistance Authorization](#) as soon as your symptoms start.

- Allow to leave class immediately to access medication at onset/worsening of migraine or headache
- Allow to rest in a quiet, dark or dimly lit room, if available
- Provide cool compress or ice to neck/head as needed
- Contact parent at onset and if no improvement
- Allow activity limitations during onset/duration of migraine

Red Zone - Time to get more help

Contact your health care provider if your headache is worse or lasting longer than usual. Go to the **Emergency Room** if you have new and very different symptoms, such as loss of vision, unable to move one side of your face/body, trouble walking/talking, confusion, inability to respond. **Call 911** for loss of consciousness or stroke-like symptoms.

Health Care Provider Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____