



Alternatives to the Emergency Room

When a severe migraine hits, many sufferers end up in the ER. This is not ideal for many reasons including the long wait to be seen, the noise and bright lights in the ER, the attitude of the ER staff often treating the migraine patient as a narcotic seeker, and lastly, the cost. There are several alternatives to the ER including an urgent care center, home rescue, or an infusion center.

Urgent cares are typically open from 8 am to 8-10 pm seven days a week and do not require an appointment. They can give injectable medications like Toradol (Ketorolac) for the pain and if necessary, anti-vomiting injectables. Most don't provide Intravenous Fluids (IV's) so if someone is dehydrated, may be better to go to an ER. However, the Hoag Urgent Care near our office does offer IV treatment. The cost and wait time are typically much less in urgent care centers compared to the ER.

Home rescue is ideal and a home rescue plan should be part of every migraine patients' "tool box." Examples of home rescue include injectable Sumatriptan, nasal formulations of Sumatriptan, injectable Toradol, rectal suppositories, steroids, and narcotics. When a headache is prolonged and/or severe, it often does not respond to oral medication so non-oral treatment forms are preferred.

An Infusion Center can provide IV fluids and IV medication similar to an ER but in a calm and quiet atmosphere. Trained RN's start an IV and administer the medication. Orders must be sent to the Infusion Center ahead of time and typically are a "standing order" set for a maximum of 90 days. Once the orders are approved and in the system for the Infusion Center, the patient can call for a same day appointment to be treated. There is a maximum number of visits per month that the patient can go for example 4-6 times. Infusion Centers are an excellent treatment option for migraine patients. They are also much less expensive than the ER setting.

I encourage all migraine sufferers to have an emergency plan in place for those migraines that get out of control. Ideally, home rescue can be successful eliminating the need to leave your home. If not successful, urgent care centers and infusion centers are good alternative options to the ER.

I look forward to reviewing your rescue plan to avoid ER visits as much as possible. When those ER visits are needed, a letter from me or your health care provider legitimatizing that you have migraines and are not a narcotic seeker, can help that experience be more comfortable.

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