# REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

# dihydroergotamine

| **Effective Date:** Dec 2012<br><br>**Revised Date:** Mar 14 2018 | CLASSIFICATION<br>**Anti-migraine** | OTHER NAMES | PAGE<br>1 of 1 |
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**ADMINISTRATION POLICY:**

IV Intermittent - May be administered by a nurse
IV Bolus - May be administered by a nurse
IM Injection - May be administered by a nurse
Subcutaneous - May be administered by a nurse

**RECONSTITUTION/DILUTION/ADMINISTRATION:**

**Available as:** 1 mg/mL - 1 mL ampoule

**IV Bolus:** undiluted over 1 to 2 minutes

**IV Intermittent:** Dilute dose in 50 mL normal saline and administer over 15 to 30 minutes.
Note: this method of administration may reduce the incidence of adverse effects.

**Maximum rate:** 1 mg/minute
**Maximum concentration:** 1 mg/mL

**DOSAGE:**

**Usual:**
**Acute migraine attack:** 0.5 to 1 mg IV/IM/Subcutaneous. May repeat dose after 30 to 60 minutes
**Intractable migraine:** Test dose: 0.5 mg IV. May repeat 0.5 to 1 mg every 8 hours for 2 to 7 days

**Maximum single dose:** 1 mg
**Maximum daily dose:** 2 mg
**Maximum weekly dose:** 6 mg

**STABILITY/COMPATIBILITY:**

**Stability of Final Admixture:** 24 hours at room temperature

**Compatibility:** Compatible in normal saline or D5W

**PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:**

- Arterial vascular spasm, nausea, vomiting, diarrhea, leg cramps
- Numbness and tingling of fingers and toes, leg weakness, headache, confusion, drowsiness
- Chest pain

**ADDITIONAL NOTES AND NURSING CONSIDERATIONS:**

- Use of anti-emetics (e.g. metoclopramide) prior to each dose of dihydroergotamine is recommended due to nausea and vomiting
- Use with caution in patients at risk for cardiovascular (MI) and cerebrovascular (stroke) event.