

PRESCRIPTION

`` Rx ----- Patient Information: - Name:
[Patient's Name] - Age: [Patient's Age] - Gender: [Patient's Gender] - Date of Visit: [Date]

----- Chief Complaint: - Main Symptom:
Headache ----- Assessment: - Initial

Diagnosis: Chronic headache with a recent acute exacerbation.

----- Plan: 1. **Further Evaluation:** - Perform a thorough neurological exam. - Instruct the patient to keep a headache diary to track frequency, triggers, intensity, and duration. 2. **Diagnostic Imaging:** - Consider non-contrast CT of the head or MRI of the brain if red flags are present. 3. **Laboratory Tests:** - Basic Metabolic Panel (BMP) - Complete Blood Count (CBC) 4. **Management Plan:** - Medications: - **Ibuprofen 400 mg** - Dosage: Take 1 tablet orally every 6-8 hours as needed for headache. - Maximum: Not to exceed 2400 mg (6 tablets) in 24 hours. - Duration: Use as needed for headache control. Monitor for side effects. - OR (if contraindications to NSAIDs): - **Acetaminophen 500 mg** - Dosage: Take 1-2 tablets orally every 6 hours as needed for headache. - Maximum: Not to exceed 3000 mg (6 tablets) in 24 hours. - Duration: Use as needed for headache control. Monitor for liver function abnormalities. - Non-Pharmacological Management: - Advise on hydration: Drink at least 8 glasses of water daily. - Discuss sleep hygiene practices. - Recommend stress management techniques. 5. **Referral:** - Refer to neurology if headaches persist or worsen. 6. **Follow-Up:** - Schedule a follow-up appointment in 4-6 weeks.

----- Signature: - [Provider's Name and
Credentials] - [Provider's Contact Information] - [Date]
