Forenames Lastname Hospital No. D.O.B.	St Helens & Knowsley Teaching Hospitals NHS Trust **ACUTE HEADACHE** **PLEASE NOTE:** This pathway is to be used as a supplement to the AMU Proforma to be used when a patient presents with an Acute Headache, after carrying out an assessment of their medical history and examination to exclude other causes.

THIS PATHWAY IS NOT APPROPRIATE FOR IMMUNOSUPPRESSED PATIENTS OR THOSE WITH A GCS < 15
THE PATHWAY PROVIDES EVIDENCE BASED GUIDANCE OF COMMON CAUSES OF ACUTE HEADACHES AS MANAGEMENT OF ALL CAUSES OF HEADACHES IS OUTSIDE ITS SCOPE

1: INITIAL ASSESSMENT

HISTORY

1. How many different headache types does the patient experience?
2. Time questions
   - a) Why consulting now?
   - b) How recent in onset?
   - c) How frequent, and what temporal pattern
   - d) How long lasting?
3. Character questions
   - a) Intensity of pain
   - b) Nature and quality of pain
   - c) Site and spread of pain
   - d) Associated symptoms
4. Cause questions
   - a) Predisposing and/or trigger factors
   - b) Aggravating and/or relieving factors
   - c) Family history of similar headache
5. Response questions
   - a) What does the patient do during the headache?
   - b) How much is activity (function) limited?
   - c) What medication has been and is used, and in what manner?
6. State of health between attacks
   - a) Completely well, or residual or persisting symptoms?
   - b) Concerns, anxieties, fears?

I have taken a history encompassing **all** the above parameters ☐

BLOODS

FBC ☐ U&E ☐ Coag ☐ Gluc ☐ CRP ☐ ESR ☐

EXAMINATION

Ensure a comprehensive neurological examination is documented

NEUROIMAGING

Neuroimaging is not indicated in patients with a clear history of **Primary Headache without Red flag symptoms, and a normal neurological examination** (Refer to Table 2 on the next page for a summary of features and management of primary headache).

Perform / Request imaging of the head if any of the following **Red Flag Symptoms** are present (Refer to Table 3 for management process for management of secondary headache if Red Flag present) :

Red Flag Symptoms

- ☐ worsening headache with fever (Follow BIS guidelines on management of meningitis when suspecting Meningitis or meningococcal septicaemia. Request CT as Urgent if suspecting abscess)
- ☐ sudden-onset headache reaching maximum intensity within 5 minutes (request CT as Urgent/Immediate)
- ☐ new-onset neurological deficit (consider CT/MRI within 24hr dependant on history. If suspecting SOL: MRI)
- ☐ new-onset cognitive dysfunction (consider CT: Routine)
- ☐ change in personality (consider MRI: Routine but may be vetted as CT initially)
- ☐ recent (typically within the past 3 months) head trauma (request CT with urgency dependant on symptoms)
- ☐ headache triggered by cough, valsalva (trying to breathe out with nose and mouth blocked) or sneeze (consider MRI: Routine)
- ☐ headache triggered by exercise (consider MRI: Routine)
- ☐ orthostatic headache (headache that changes with posture) – (consider MRI & may also need spinal imaging)
- ☐ a substantial change in the characteristics of their headache (request CT initially within 24hr)

LUMBAR PUNCTURE

☐ If a Subarachnoid Haemorrhage is suspected an LP should be performed > 12hrs from time of onset of headache (ictus) using Trust LP collection pack. Consent should be taken using Consent Form 3.

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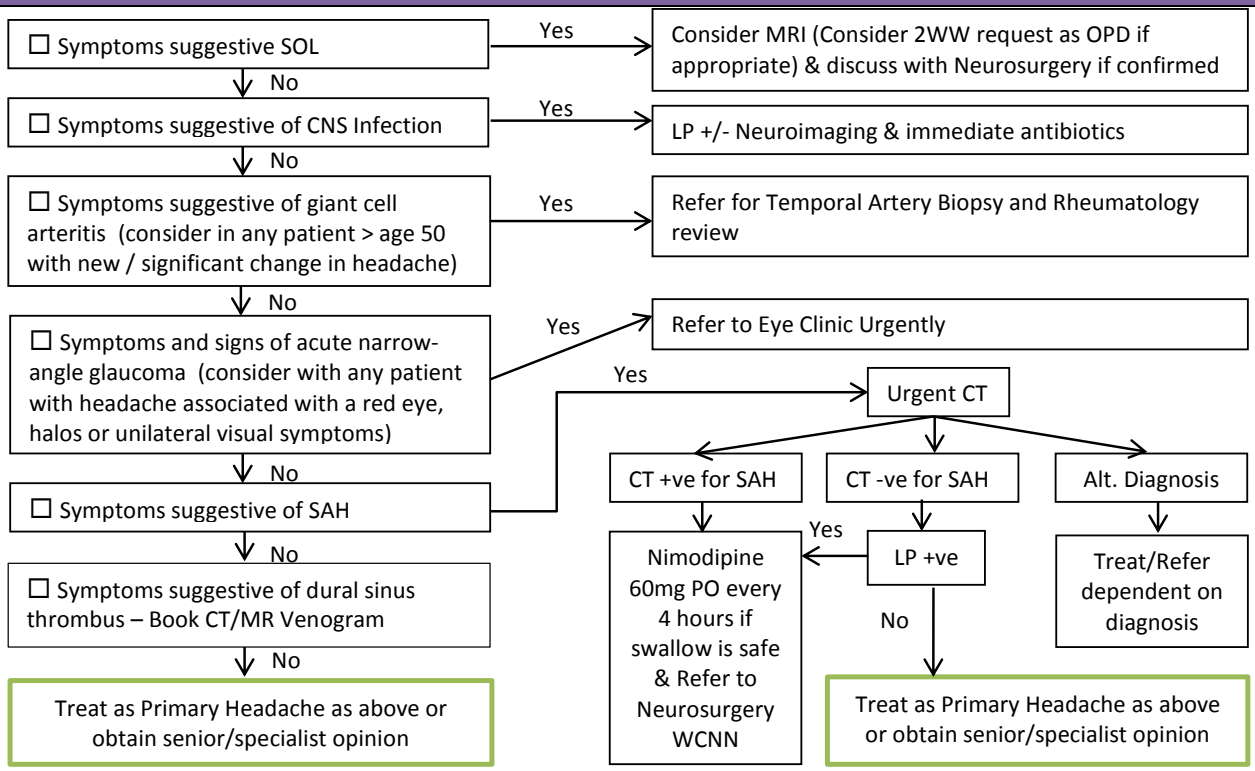
2: MANAGEMENT OF PRIMARY HEADACHE (IF SECONDARY SUSPECTED GO TO STEP 4)

Headache feature	*Tension-type headache*		*Migraine (with or without aura)*		*Cluster headache*	
Pain location[1]	Bilateral		Unilateral or bilateral		Unilateral (around the eye, above the eye and along the side of the head/face)	
Pain quality	Pressing/tightening (non-pulsating)		Pulsating (throbbing or banging in young people aged 12–17 years)		Variable (can be sharp, boring, burning, throbbing or tightening)	
Pain intensity	Mild or moderate		Moderate or severe		Severe or very severe	
Effect on activities	Not aggravated by routine activities of daily living		Aggravated by, or causes avoidance of, routine activities of daily living		Restlessness or agitation	
Other symptoms	None		• Unusual sensitivity to light and/or sound or nausea and/or vomiting. • Aura: symptoms can occur with or without headache and; are fully reversible, develop over at least 5 minutes, last 5 - 60 minutes. Typical aura symptoms include visual symptoms such as flickering lights, spots or lines and/or partial loss of vision; sensory symptoms such as numbness and/or pins and needles; and/or speech disturbance.		On the same side as the headache: • Red and/or watery eye • Nasal congestion and/or runny nose • Swollen eyelid • Forehead and facial sweating • Constricted pupil and/or drooping eyelid	
Duration of headache	30 minutes–continuous		4–72 hours in adults 1–72 hours in young people aged 12–17 years		15–180 minutes	
Frequency of headache	< 15 days per month	≥ 15 days per month for more than 3 months	< 15 days per month	≥ 15 days per month for more than 3 months	1 every other day to 8 per day[3], with remission[4] >1 month	1 every other day to 8 per day[3] with a continuous remission[4] <1 month in a 12-month period
Diagnosis	**Episodic tension-type headache**	**Chronic tension-type headache**[2]	**Episodic migraine (with or without aura)**	**Chronic migraine (with or without aura)**	**Episodic cluster headache**	**Chronic cluster headache**
First Line Treatment for Acute Attack	Paracetamol, NSAID or aspirin, taking into account the person's preference, comorbidities and risk of adverse events. Do not offer opioids for the acute treatment of tension-type headache.		Combination therapy with an oral triptan and an NSAID, or an oral triptan and paracetamol, taking into account the person's preference, comorbidities and risk of adverse events. Consider an anti-emetic in addition to other acute treatment for migraine even in the absence of nausea and vomiting.		Offer oxygen and/or a subcutaneous or nasal triptan for the acute treatment of cluster headache. Do not offer paracetamol, NSAIDS, opioids, ergots or oral triptans for the acute treatment of cluster headache	

[1] Headache pain can be felt in the head, face or neck. [2] Chronic migraine and chronic tension-type headache commonly overlap. If there are any features of migraine, diagnose chronic migraine. [3] Frequency of recurrent headaches during a cluster headache bout. [4] The pain-free period between cluster headache bouts.

3: MANAGEMENT OF SECONDARY HEADACHE



Doctor's Name _____ **Designation** _____

Signature _____ **Date** _____