

LEE Pain Contingency Protocol

This protocol provides immediate and structured steps to manage sudden, severe post-COVID/trigeminal-type headaches while maintaining operational focus on LEE development. It is designed to minimize downtime and preserve build momentum.

Step 1: Immediate Recognition

At the first sign of a flare (sharp stabbing pain, visual halo, or sudden sensitivity), stop current task immediately and prepare to implement this sequence.

Step 2: Acute Pain Response

1. Apply cold pack/ice wrap to eyes & upper cheeks (15–20 min on, 10 min off, repeat up to 3×). 2. Move to dark, quiet environment. 3. Take NSAID or prescribed neuropathic medication (gabapentin/pregabalin/carbamazepine) with water. 4. Drink 500 ml water + small dose caffeine (coffee or tea).

Step 3: Sensory and Neural Downregulation

- Perform 4–2–6 breathing cycles (inhale 4s, hold 2s, exhale 6s) × 8 repetitions. - Avoid all screens for at least 1 hour post-onset or work in blackout/dark mode only.

Step 4: Controlled Re-entry to Work

- Resume only small, high-priority LEE tasks in 20–30 min chunks. - Keep cold packs and hydration within reach. - If pain persists >2 hours, return to Step 2 and re-evaluate workload.

Step 5: Daily Prevention & Stabilization

- Maintain hydration (2–2.5 L/day) and anti-inflammatory diet. - Keep sleep regular. - Log triggers and onset times for pattern recognition. - Perform daily neck/shoulder mobility exercises. - Configure LEE environment for instant low-light switch.

Step 6: Mental Anchoring

Frame flare-ups as 'pauses', not defeats. Remind yourself: The work continues once pain subsides; the goal is long-term operational consistency.

Emergency Escalation

Seek immediate medical attention if you experience: sudden change in headache type, vision loss, weakness, speech difficulty, or confusion.