

## HISTORY

HPC

- Duration symptoms
- Speed of onset: Sudden / Gradual
- Pain location: Frontal / Occipital / Unilateral
- Pain nature: Throbbing / Tension / Positional / Recurrent
- Other symptoms: Aura / Eye drooping / Runny nose-eye / Jaw claudication / Scalp tenderness
- Fevers
- Meningitic symptoms: Neck stiffness / Photophobia
- Head trauma
- Neurological symptoms: Paraesthesia / Weakness / Slurred speech / Facial drop / Seizures
- Visual changes

PMH

- Headache history: Migraine / Cluster / Simple
- Glucoma
- PMR
- Epileptic: Recent seizure activity
- Haemorrhagic Stroke risk factors: TIA / AF / Hypertension

DH

- Opiates
- GTN
- Allergies / New medications

SH / FH

- Alcohol status: Sudden abstinence
- Migraine risk factors: 1<sup>st</sup> degree FH

## EXAMINATION

GENERAL OBSERVATIONS

- Evidence of trauma
- Distressed
- Photophobia
- Moving neck freely
- Nasal / Eye discharge
- Obesity

AIRWAY

- Ensure airway patent

BREATHING

- Physical Observation: FiO<sub>2</sub> / RR / SaO<sub>2</sub>
- Auscultation: Wheeze / Crackles / Air entry / Silent Chest

CIRCULATION

- Physical Observation: HR / BP
- Fluid input-output: Fluid balance
- Hydration status: CRT / Mucus membranes

DISABILITY

- Physical Observation: Temp
- GCS
- PERL: Normal / Constricted / Dilated
- Cranial neurological examination
- Peripheral neurological examination

EXPOSURE

- Rash: Petechiae
- Kernigs sign
- Cervical spine stiffness: Brudzinski sign
- Cervical spine palpation: Tenderness + reproducing headache
- Sinus palpation: Tenderness + reproducing headache
- Temporal artery palpation: Tenderness / pulsation

## INVESTIGATIONS

BLOODS

- FBC / U&E / CRP / ESR
- LFT
- Clotting

MICRO

- Cultures: If Temp > 38

FUNDOSCOPY

- Raised intracranial pressure: Papilloedema

CT HEAD

- Intracranial Haemorrhage
- Skull fracture
- Space occupying lesion

DISCUSS WITH SENIOR

LUMBAR PUNCTURE

- Opening pressure
- Organisms / Culture / PCR
- WBC / RBC
- Xanthochromia
- Protein
- Glucose

DISCUSS WITH SENIOR  
+/- CT HEAD  
INR <1.4 & Plt > 50

## POTENTIAL DIFFERENTIALS

PRIMARY HEADACHE  
MIGRAINE / TENSION / CLUSTER

ALCOHOL WITHDRAWAL HEADACHE

MEDICATION INDUCED HEADACHE

INTRACRANIAL HAEMORRHAGE  
SAH / SUBDURAL / EXTRADURAL

TEMPORAL ARTERITIS

ENCEPHALITIS MENINGITIS

INTRACRANIAL HYPERTENSION  
SOL / HYPERTENSION / IDIOPATHIC (IIH)

CLOSED ANGLE GLUCOMA

SINUS HEADACHE

STROKE