

PHARMACIST ASSESSMENT – HEADACHE AND MIGRAINE

Patient

Name:	HSN:	
Address:	DOB:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	

Medical History:

- ☐ History of, or risk factors for, cardiovascular or cerebrovascular disease (see guideline for examples) → Prefer treatment options other than NSAIDs; triptans contraindicated; consider referral
- ☐ Uncontrolled hypertension → refer
- ☐ Previous diagnosis of tension headache or migraine → helps confirm self-diagnosis and EDS coverage

Drug History:

- ☐ Medication which can cause headaches, or suffering from a medication withdrawal (see guideline for examples)
- ☐ Use of any headache treatment for more than 10-15 days per month for 3 or more months → suspect medication overuse headache and refer

Review of Symptoms

Any red flags warranting emergency room referral?

- ☐ Patient's worst headache
 - ☐ Impairment of speech, sensation, strength or consciousness
 - ☐ Concurrent fever or neck stiffness
 - ☐ Headache came on suddenly and reach peak intensity in a few seconds to 5 minutes
 - ☐ Headache has gotten worse, changed in pattern, or accompanied by eye pain, red eye or diminished vision
 - ☐ Recent head trauma
- ☐ Yes → refer to emergency room immediately

Any other symptoms warranting referral?

- ☐ Patient's first headache
 - ☐ Headache occurs with exercise or sexual activity
 - ☐ Pain is greater than 6 on a scale of one to ten
 - ☐ Over 50 years old and this is a new, undiagnosed headache
- ☐ Yes → refer

Experiences 6 or more headaches per month or significant impairment of quality of life due to headaches?

- ☐ No → Continue ☐ Yes → Refer for prophylactic therapy, but may still prescribe treatment in interim

Are the symptoms consistent with a migraine?

Two or more of the following:

- ☐ Throbbing or pulsating pain ☐ Aggravated by activity ☐ Unilateral pain ☐ Lasts 4-72 hours

PLUS one of:

- ☐ Nausea ☐ Vomiting ☐ Photophobia ☐ Phonophobia

- ☐ No → Continue ☐ Yes → proceed to treatment

Are the symptoms consistent with a tension headache (two or more of the following)?

- ☐ Bilateral headache ☐ Mild-moderate intensity
☐ Non-pulsating pain (pressing / tightening pain) ☐ Not worsened by activity

- ☐ Yes → proceed to treatment ☐ No → diagnosis unsure, refer

Has the patient tried any non-pharmacologic or pharmacologic treatment for their headache?

☐ No →Continue ☐ Yes → What*?

Effect?

*Triptan use within 12h of ergotamines (or 24h if naratriptan to be used) is contraindicated

Treatment recommended

- ☐ Suggest non-pharmacologic measures
- ☐ Mild tension headache or migraine: OTC doses of analgesics (acetaminophen or NSAIDs)
- ☐ Moderate tension headache or mild tension headache not relieved by optimal OTC measures already tried: Prescription dose of an NSAID
- ☐ Moderate migraine or mild migraine not relieved by optimal OTC measures already tried: Prescription dose of an NSAID or a triptan
- ☐ If more than 8 headaches per month, strongly consider referral to MD for prophylactic therapy

Prescription Issued for minor ailment

Rationale for prescribing:

Rx:

Quantity (may prescribe enough to treat up to 4 headaches / migraines per prescription):

Directions:

pseudoDIN: 00951097

Counseling ☐ May have prescription filled at pharmacy of choice ☐ PAR will be communicated to primary care provider as part of collaborative practice

- ☐ Non-pharmacologic management
- ☐ Optimal administration of medications (eg. loading dose for NSAIDs, triptan use and timing if aura present)
- ☐ Headache should be aborted within 2 to 6 hours
- ☐ Avoidance of medication overuse headaches
- ☐ Side effects of chosen treatment
- ☐ When initiating prophylactic therapy may be appropriate
- ☐ Keep a headache diary to detail number of headaches per month, triggers, and effectiveness of treatment

Follow-up scheduled on

- ☐ In pharmacy ☐ Telephone
- ☐ If possible, follow up within 24 hours to see if headache aborted
- ☐ Ask about side effects of medications
- ☐ Monitor for medication overuse headache at following visits
- ☐ If no improvement, try alternate option for future episode. Refer to MD if two trials fail to provide improvement

Prescribing Pharmacist

Name:

Signature:

Pharmacy:

Telephone:

Fax:

Email:

Date:

Primary Care Provider:

Fax Number:

Pharmacist Minor Ailment Prescribing Record

To

This document is to inform you I met with your patient below who presented with a **primary headache**.

After an assessment, a prescription was issued for

The prescription details and rationale for my decision are documented below. This is for your information to keep your records for this patient up to date.

Patient Demographics

Name:	HSN:	
Address:	DOB:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	

Prescription Issued on

MEDICATION:

DIRECTIONS:

QUANTITY:

Rationale for prescription / relevant patient information

I will follow-up with the patient on _____ and discuss these items:

- ☐ If possible, follow up within 24 hours to see if headache aborted
- ☐ Ask about side effects of medications
- ☐ Monitor for medication overuse headache at following visits
- ☐ If no improvement, try alternate option for future episode. Refer to MD if two trials fail to provide improvement

Prescribing Pharmacist

Name:	Signature:
Pharmacy:	Telephone: Fax:
Email:	Date:

Primary care provider notified

Name:	Fax:
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