

RETU Headache Pathway

Required testing prior to RETU admission

- None

ED
Evaluation

Not appropriate for RETU

- Suspicion for CNS bleed
- Suspicion for meningitis / encephalitis
- Pregnant or post partum

RETU Intake Evaluation
(do not repeat testing if already done in ED)

Exam Focus

- Neurologic

Initial Testing

- Labs: **CBC, electrolytes, glucose** (others as clinically indicated)
- Imaging: as clinically indicated

Monitoring

- other as clinically indicated

Consults

- pain or neurology as clinically indicated

RETU Treatment / Evaluation
symptom based treatment (review treatment in ED)

1st

APAP

- APAP 650mg Q6 hours

+ / -

NSAID

- Motrin 600mg Q6 hours or
- Ketorolac 15mg Q6 hours

+

Metoclopramide

- 10-20mg IV Q6 hours

2nd

Oral Opiates

- Percocet 1-2 tabs Q6 h PRN

+ / -

Dexamethasone

- 10mg IV

+ / -

Sumatriptan

- 100mg PO
- 6mg SQ

3rd

consider Neuro consult

Initial Dose

- Morphine IV x 1 dose
- age > 65: 4mg
- age < 65: 6mg

wait 30 minutes

IV Opiates

is pain controlled?

Y

N

- continue same morphine dose Q3h PRN

- Dilaudid IV x 1 dose
- age > 65: 0.01 mg/kg
- age < 65: 0.02 mg/kg

4th

PCA Pump

- consult Pain Service

is pain controlled?

N

Y

- continue same dilaudid dose Q3h PRN

Disposition Guidelines

Discharge from RETU

- symptoms resolved or greatly improved
- tolerating PO fluids and medications
- able to ambulate / care for self

Admission to Hospital

- symptoms worsening or failing to improve
- change in neuro exam
- unable to ambulate / care for self