rimary Headache			Secondary Headache
Tension Headache Bilateral, generalised Pressure, tight band Constant No associated features, rarely disabling Chronic = more than 15 days per month	Migraine 5 or more attacks last 72 hours Plus at least 2 of: • Unilateral • Throbbing, pulsating • Moderate-severe in • Aggravated by activ Plus at least 1 of: • Nausea and/or vom • Photophobia and Phonophobia May be associated w prior to onset Prophylaxis offered more per mon	around eye / temple • Rapid onset • Severe pain lasting less than 3 hours • Ipsilateral autonomic symptoms eg tearing, ptosis, rhinorrhoea, facial sweating, constricted pupil, red eye • Restless and agitated with pain cf migraine	<ul> <li>SAH: sudden onset serve headache. See <u>SAH guideline</u></li> <li>Cerebral venous thrombrosis: variable headache, nausea, vomiting, seizures, focal neurological signs. Risks include pregnancy, dehydration, sinusitis, hypercoaguable state, medication eg OCP, tamoxifen, steroids</li> <li>Temporal arteritis: tenderness to temple, jaw claudication, pale optic disc, myalgia, night sweats, malaise. Check CRP &amp; ESR</li> <li>Glaucoma: impaired vision, mid-sized pupil, acute red eye</li> <li>SOL: headache on waking (cf 'in the morning'), nausea, vomiting, focal signs</li> </ul>
edication Overuse Head eadache develops or wor r 3 months or more onstant, daily use is the n ny analgesic can be asso	may not be possib dache rsens when taking analg nain risk ciated, most commonly	esponse to treatment – exact diagnosis le in ED esics more than 10 - 15 days per mont opioids, least commonly NSAIDs necessary, use NSAIDs only)	amaurosis fugax, ptosis with miosis (Horner syndrome), loss of taste, neck pain or headache related to neck movement
Migraine Tension T Headac	Гуре	Cluster Headache	Caution: Change in pattern of 'known headache' should always prompt senior advice
Treatme Consider medication tal ability to tolerate or First line: Paracetamol 1g po AND Aetoclopramide 10 mg po AND buprofen 800 mg po or di	ken pre-hospital & ral medication	Treatment Apply high flow oxygen Ibuprofen 800 mg po Then 400 mg tds Consider opiates or triptans	Red Flags    Sudden onset severe headache (within 5 minutes)  Objective neck stiffness  Fever  Neurological deficit (including cognitive or personality change)  Trauma within 3 months  Known immunocompromise (including HIV and immunosuppressive drugs)  Malignancy
Second line: Prochlorperazine 12.5 mg in 0.5 – 1 L 0.9% saline Alternative second line: (n early as possible eg withir riptans eg Sumatriptan 50 mg po Max 6 times a week Contraindicated in IHD c	over 30 – 60 mins nost effective as n 30 minutes)		<ul> <li>TB</li> <li>New onset headache in children less than 5 or adults over 50 years</li> <li>Coagulopathy</li> <li>Alcohol abuse</li> <li>Suspected raised ICP eg headache worse on waking, nausea, vomiting</li> </ul>
			Consider for CT scan
L	Is patient suitable t	for discharge?	CDU exclusion criteria? • GCS 13 or less • Requiring HDU level care
Patient must be ambular Red flags excluded No severe pain			Reason for specialty admission identified
<ul> <li>Red flags excluded</li> </ul>			Reason for specialty admission identified

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Headache



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Reference Documents

Headaches: diagnosis and management of headaches in young people and adults, CG150, NICE September 2012

Guidelines on the Diagnosis and Management of Headache in Adults SIGN November 2008 Rescue therapy for acute migraine, part 1 - 3; Kelley et al, American Headache Society, Headache, 2012