

Headache Pathway

Clinical Assessment/Management Tool for Children



Management – Primary Care and Community Settings

| Description | | | | Red Flags | |
|--|-------------------|--|---|---|---|
| <p>Headache is a common presentation in childhood. Primary headaches are most common but need to exclude serious other causes. This can usually be through history and examination.</p> | | | | <p>History</p> <ul style="list-style-type: none"> Child age <4 years (headache in this age group is very unusual and may indicate serious underlying pathology) Waking the child from sleep; unable to return to sleep Brought on by coughing or straining <p>Acute Signs</p> <ul style="list-style-type: none"> Severe, sudden onset, incapacitating headache that doesn't respond to simple analgesia Signs of meningism (neck stiffness, photophobia, vomiting) Impaired level of consciousness or associated confusion, disorientation Seizure <p>Neurological Signs</p> <ul style="list-style-type: none"> Persistent blurred/double vision or new squint Visual loss, papilloedema Focal neurological deficits – limb weakness, cranial nerve palsies Head tilt/torticollis New neurological deficit or symptoms such as weakness/loss of balance/co-ordination problems/head tilt or gait abnormalities including ataxia <p>Developmental Signs</p> <ul style="list-style-type: none"> Change in personality/behaviour Decline in academic performance or regressing milestones Abnormal growth parameters Signs of early or delayed puberty <p>Other Symptoms and Signs</p> <ul style="list-style-type: none"> High blood pressure (use APLS aide memoire) Persistent vomiting/nausea, especially if early morning (occurring on most days for 2 or more weeks) | |
| History | | Examination | | | |
| <p>This should focus on:</p> <ul style="list-style-type: none"> Timing Nature Quality Eliciting or excluding any red flags | | <ul style="list-style-type: none"> Full neurological examination including central and peripheral nervous system and fundi Exclude meningism if acute onset Balance and gait Check Blood Pressure – see APLS aide memoire Signs of early or delayed puberty | | | |
| Green – Low Risk | | | | Amber – Intermediate Risk | |
| Feature | Tension type | Migraine | Cluster | <ul style="list-style-type: none"> Recurrent or progressive headaches unresponsive to initial advice / treatment WITHOUT RED features. Using analgesia more than 3 days a week for more than 3 months (Medication Overuse Headache) Psychological factors that interfere with management | |
| Location | Bilateral | Unilateral or bilateral, mostly frontal | Unilateral | | |
| Quality | Pressing | Throbbing | Stabbing | | |
| Severity | Mild to moderate | Moderate to severe | Severe | | |
| Duration | 30 mins to 7 days | 2 – 72 hours | 15 – 180 mins | | |
| Associated features | None | Nausea/vomiting, photophobia, phonophobia, reversible aura | Ipsilateral autonomic features (nasal congestion, lacrimation, and conjunctival injection) | | |
| Green Actions | | | Amber Actions | | Red Actions |
| <ul style="list-style-type: none"> Provide and discuss patient information leaflet Advise a routine optician appointment Simple headache advice as per advice sheet Keep analgesia use to a minimum (less than 3 days a week) Explore psychosocial factors/ stressors (HEEADSSS screen if >10 years old) Encourage parents/child to keep a headache diary; follow up to review There is no role for opioid analgesia (including codine) <p>Headaches in over 12s: Diagnosis and management</p> | | | <ul style="list-style-type: none"> Provide written and verbal advice, see our page on headaches Ensure all green actions completed If the frequency exceeds 2 per week and/or normal daytime activities including school attendance are heavily affected, consider an out-patient referral Signpost to local mental health support. Visit our emotional wellbeing pages and young person mental health pages <p>Headaches in over 12s: Diagnosis and management</p> | | <ul style="list-style-type: none"> If suspected meningitis, stroke, or intracranial bleed: arrange urgent ambulance transfer and alert Children's Emergency Department. For other red features: discuss immediately with local paediatrician on call to consider same day or urgent outpatient assessment |