

DEFINITION

- * Pain or discomfort of the scalp or forehead areas
- * The face and ears are excluded
- * Not due to a traumatic injury.

PAIN SEVERITY is defined as:

- * MILD (1-3): doesn't interfere with normal activities
- * MODERATE (4-7): interferes with normal activities or awakens from sleep
- * SEVERE (8-10): excruciating pain, unable to do any normal activities

BACKGROUND

COMMON CAUSES

- * The majority of adults suffer headaches during the course of a years time.
- * **MUSCLE TENSION HEADACHES:** The majority of headaches are caused by muscle tension. The discomfort is usually diffuse and may radiate down into the neck and shoulders. The discomfort is aggravated by emotional stress.
- * **MIGRAINE HEADACHES:** Also referred to as vascular headaches. The headache is moderate to severe in intensity, described as throbbing or pulsing in nature, and usually unilateral. Associated symptoms include nausea and vomiting. Some individuals will have visual warning symptoms (aura) that a migraine is coming.
- * **SINUSITIS:** Headaches occur with sinusitis. The headache is usually located in the forehead area and the individual has associated sinus symptoms (nasal discharge, congestion).
- * **FEVER:** A mild to moderate headache frequently accompanies the fever that occurs with common viral infections such as the flu and the common cold. A severe headache that persists after the fever has come down to normal is a red flag that something more serious may be causing the headache.
- * **CAFFEINE WITHDRAWAL:** This occurs in individuals who drink large amounts of caffeine (e.g., coffee, tea, colas) and suddenly stop. Some caffeine drinkers will note a headache upon arising that goes away after their first cup of coffee.

SOME SERIOUS CAUSES OF HEADACHE

- * Stroke ('Brain Attack')
- * Meningitis, encephalitis
- * Temporal arteritis
- * Brain tumor
- * Carbon monoxide exposure

FIRST AID

N/A

TRIAGE ASSESSMENT QUESTIONS FOR HEADACHE

Call EMS 911 Now

- Difficult to awaken or acting confused (e.g., disoriented, slurred speech)
R/O: subarachnoid hemorrhage, meningitis

- Weakness of the face, arm or leg on one side of the body and new onset
R/O: stroke
- Numbness of the face, arm or leg on one side of the body and new onset
R/O: stroke
- Loss of speech or garbled speech and new onset
R/O: stroke
- Passed out (fainted)
- Sounds like a life-threatening emergency to the triager

See More Appropriate Protocol

- Followed a head injury within last 3 days
Go to Protocol: Trauma - Head (Adult)
- Sinus pain of forehead and yellow or green nasal discharge
Go to Protocol: Sinus Pain and Congestion

Go to ED Now

- Unable to walk without falling
R/O: cerebellar stroke
- Stiff neck (can't touch chin to chest)
R/O: meningitis
- Possibility of carbon monoxide exposure
R/O: CO poisoning

Go to ED Now (or to Office with PCP Approval)

- Severe headache, states 'worst headache' of life
R/O: migraine, CNS bleed
- Severe headache, sudden onset (i.e., reaching maximum intensity within 30 seconds)
R/O: migraine, CNS bleed
- Severe pain in one eye
R/O: angle-closure glaucoma
- Loss of vision or double vision
R/O: temporal arteritis
- Patient sounds very sick or weak to the triager

Go to Office Now

- Fever > 103° F (39.4° C)
R/O: bacterial infection

- Fever > 100.5° F (38.1° C) and has diabetes mellitus or a weakened immune system (e.g., HIV positive, cancer chemo, organ transplant, splenectomy, chronic steroids)

R/O: meningitis, encephalitis

Callback by PCP or Subspecialist within 1 Hour

- Severe headache and has had severe headaches before

R/O: migraine

- Severe headache and not relieved by pain meds

R/O: new-onset migraine, CNS bleed, brain tumor

- Severe headache and vomiting

R/O: migraine, increased ICP

- Severe headache and fever

See Today in Office

- New headache and immunocompromised (e.g., HIV positive, cancer chemotherapy, chronic steroid treatment)

Reason: greater risk of organic pathology

- Fever present > 3 days (72 hours)

R/O: sinusitis

- Patient wants to be seen

See Today or Tomorrow in Office

- Unexplained headache that is present > 24 hours

R/O: sinusitis or other treatable cause

- New headache and age > 50

Reason: greater risk of organic pathology

See Within 2 Weeks in Office

- Headache is a chronic symptom (recurrent or ongoing AND lasting > 4 weeks)

R/O: tension headache, migraine headache

Home Care

- Mild-moderate headache

R/O: tension headache

- Headache similar to prior migraines

R/O: migraine headache

HOME CARE ADVICE FOR HEADACHE

1. PAIN MEDICATION:
 - * For pain relief, take acetaminophen or ibuprofen.
 - * ACETAMINOPHEN (e.g., Tylenol): The dose is 650 mg by mouth every 4 hours or 1000 mg by mouth every 6 hours. Maximum dose per day = 4000 mg.
 - * IBUPROFEN (e.g., Motrin, Advil): The dose is 400 mg by mouth every 6 hours or 600 mg by mouth every 8 hours.
 - * People who are over 65 Years of age: Acetaminophen is generally considered safer than ibuprofen. Acetaminophen dosing interval should be increased to every 8 hours because of reduced liver metabolism. Maximum dose per day = 3000 mg.
 - * CAUTION: Do not take ibuprofen if you have stomach problems, kidney disease, are pregnant, or have been told by your doctor to avoid this type of anti-inflammatory drug. Do not take ibuprofen for more than 7 days without consulting your doctor.
 - * CAUTION: Do not take acetaminophen if you have liver disease.
 - * Read the package instructions thoroughly on all medications that you take.
2. MIGRAINE MEDICATION: If your doctor has prescribed specific medication for your migraine, take it as directed as soon as the migraine starts.
3. REST: Lie down in a dark, quiet place and try to relax. Close your eyes and imagine your entire body relaxing.
4. LOCAL COLD: Apply a cold wet washcloth or cold pack to the forehead for 20 minutes.
5. STRETCHING: Stretch and massage any tight neck muscles.
6. CALL BACK IF:
 - * Headache lasts longer than 24 hours
 - * You become worse

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Content Set: Telephone Triage Protocols - Adult Office-Hours Version

Version Year: 2010

Last Revised: 2/15/2010

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