

# Pediatric Headache: Consult and Referral Guidelines

Child Neurology Division at Children's National Medical Center

<p><b>Provider's initial evaluation may include:</b></p>	<p><b>Provider should instruct family on basic first line treatment for headaches including:</b></p>	<p><b>Provider may consider testing in patients who:</b></p>	<p><b>Providers may consider initiating referral to child neurology when:</b></p>	<p><b>Providers may instruct families to bring the following to the evaluation:</b></p>
<ul style="list-style-type: none"> <li>• Asking about common symptoms seen in primary headaches:                             <ul style="list-style-type: none"> <li>–Tension headaches are diffuse, non-throbbing, mild to moderate severity headaches without significant worsening with activity, light or sounds sensitivity, or nausea</li> <li>–Migraine headaches are bifrontal or unilateral moderate to severe intensity headaches associated with a throbbing quality, worsening with activity, and light or sound sensitivity, nausea and/or vomiting</li> <li>–Migraine aura may occur before or during headaches lasting 5-60minutes and include sensations of visual changes (dark or bright spots or lines), sensory changes (tingling, numbness), or speech changes</li> </ul> </li> <li>• Considering other common causes of headache:                             <ul style="list-style-type: none"> <li>–Sinus headache</li> <li>–Post traumatic/concussive headache</li> <li>–Allergic rhinitis</li> <li>–Ophthalmologic problems</li> <li>–Depression</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Lifestyle modification for prevention of headaches including:                             <ul style="list-style-type: none"> <li>– Hydration – goal ounces per day = weight in pounds to a max of 100 oz per day, none with caffeine or artificial sweeteners</li> <li>–Exercise at least 3 days per week for 30 minutes</li> <li>– Sleep per AAP guidelines with no more than two hours of variability in sleep or wake timing</li> <li>–Eat 3 healthy well balanced meals per day</li> </ul> </li> <li>• Abortive therapy when child gets a headache includes:                             <ul style="list-style-type: none"> <li>–Ibuprofen 10mg/kg per dose up to three days per week</li> <li>– 8-12oz fluid bolus with medication, sports drinks preferable in those without contraindications (obesity, diabetes)</li> <li>–Triptans may be considered up to twice weekly if no contraindication</li> </ul> </li> <li>• Preventative therapy may be considered in those with frequent headaches and include cyproheptadine (max 0.25mg/kg/day) and amitriptyline (max 1mg/kg QHS)</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with recurrent headache and a normal neurologic exam generally do not require additional testing.</li> <li>• Brain imaging studies are suggested for patients who have:                             <ul style="list-style-type: none"> <li>– Headaches for less than 6 months duration not responding to lifestyle changes and first line treatment (ibuprofen, triptans, cyproheptadine),</li> <li>– Headaches associated with abnormal neurologic exam findings, especially papilledema, nystagmus, gait or motor changes</li> <li>– Absent family history of headache</li> <li>– Headaches associated with substantial confusion or emesis</li> <li>– Headaches that awaken a child from sleep repeatedly</li> <li>– A family history or disorders that predispose child to central nervous system lesions such as brain tumors or cerebral aneurysms</li> </ul> </li> <li>• Specific testing for children with other systemic complaints including arthralgias, rash, sleep complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with a new severe headache of acute onset, headache with focal neurologic deficit or papilledema should be referred to the Emergency Department for neuroimaging</li> <li>• Recurrent headache that has been present for at least six months and is not responding to standard medical treatment including lifestyle modification and acute abortive treatment</li> <li>• Headache that is resulting in missed school days, worsening of school participation (declining grades, extracurricular activity limitation)</li> </ul>	<ul style="list-style-type: none"> <li>• A headache calendar for at least one month including dates of headaches, location, severity, associated symptoms, time at onset and resolution, activities preceding headaches including diet, and treatment provided</li> <li>• A complete list of medications used for headache treatment including doses and frequency of use. Include any abortive or preventative medications used.</li> <li>• Copies of testing done including other referrals, labs, imaging films/CDs (not just reports), and any other additional information that may be helpful.</li> </ul>

