

HEADACHES (SEE MENINGOCOCCAL DISEASE)

Be careful of this presentation to Emergency Department. All patients (including those who have had a CT scan) should be reviewed by GP, if not admitted. Temp, fundoscopy and BP are always mandatory.

Red flag symptoms

- Worst ever headache
- Sudden onset - maximum intensity within one hour
- Prolonged headache
- Vomiting more than once
- Fainting/collapse
- New neurological deficit
- New cognitive dysfunction
- Headache with pyrexia

These ‘Red Flag’ symptoms are very significant – CT Scan is usually required.

Don't miss:

- Sub-arachnoid haemorrhage (usually sudden onset; reaches maximum intensity within 60 mins)
- Meningitis (fever and/or rash)
- Encephalitis (fever, ataxia, drowsiness/confusion)
- Raised ICP (CNS signs or papilloedema, typical symptoms)
- Temporal arteritis (older patients -check ESR if age >60)
- Acute closed angle glaucoma (headache, red eye, visual disturbance, nausea)

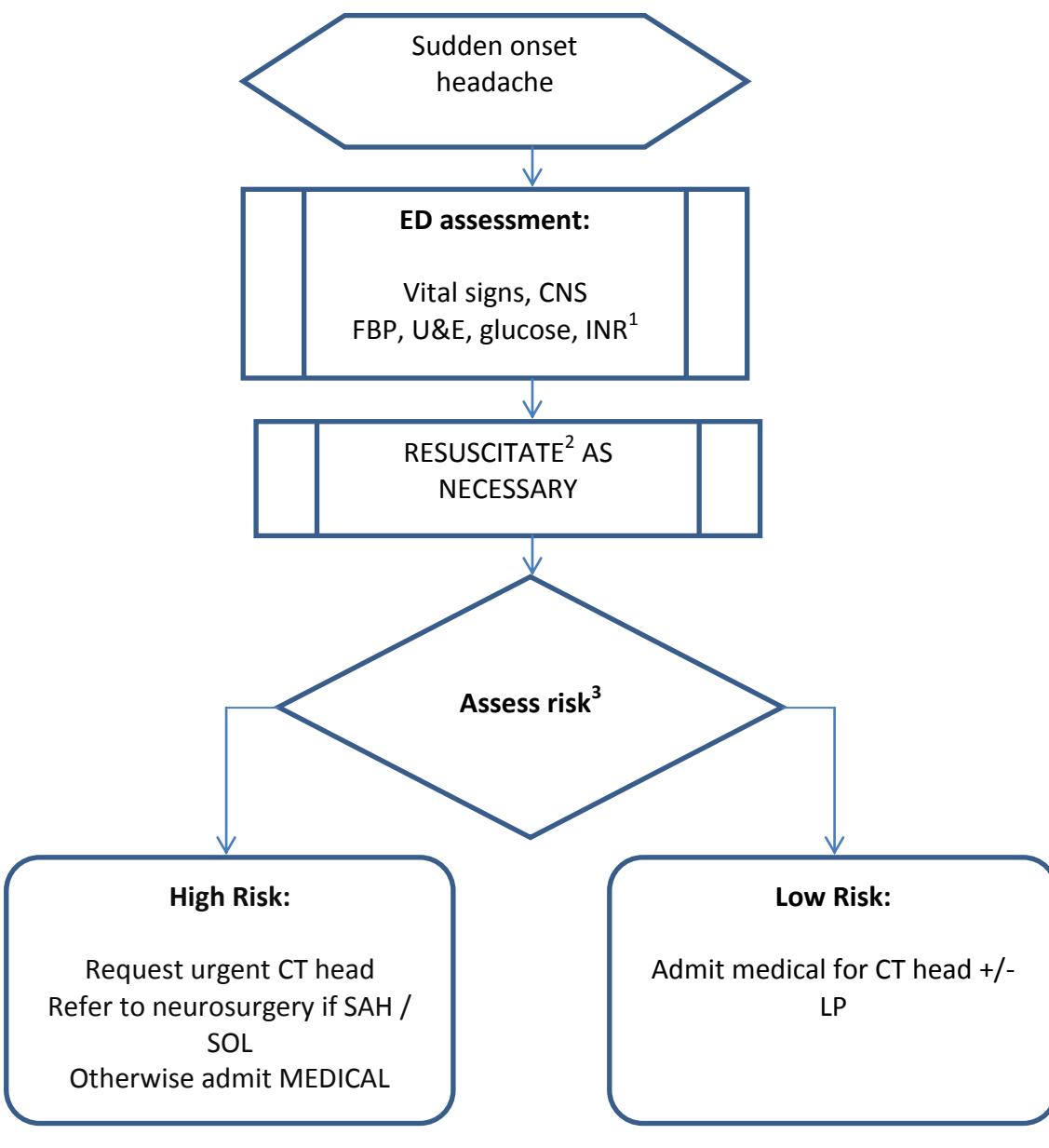
Common causes are migraine, neck problems and “tension”. If a patient has symptoms suggesting **migraine** and there are no contra-indications, use “Imigran” subcutaneously and re-evaluate after 30 mins. Alternatively a combination of IV fluids, high flow oxygen, aspirin 900mg PO, chlorphenamine 10mg IV and antiemetic can be useful. Todd’s paresis is a senior clinician diagnosis.

For patients with **cluster headaches** (severe migraine-type headaches with nasal stuffiness and lacrimation that come in “clusters” lasting several days) 100% oxygen via NRRM may produce a dramatic improvement.

A normal CT scan does not rule out sub-arachnoid haemorrhage and sensitivity decreases with time – Day 1 95% sensitivity, day 7 50% sensitivity.

If **sub-arachnoid haemorrhage** is the working diagnosis then the patient will need to be admitted medically for lumbar puncture.

Sudden Onset Headache Pathway



1. INR if on warfarin – reverse as per protocol
2. Intubate if airway compromise / inadequate respiration / GCS ≤ 8
3. High risk: GCS < 15 / persistent vomiting / previous SAH / fits / meningism / focal neurological signs / warfarin / DETERIORATION
4. neurological signs / warfarin / DETERIORATION