Chapter 2 – Diagnostic Algorithms

5

Headache Algorithm
Headache Algorithm

Primary Headache Algorithm

(Submitted by Levittown Health Center Headache Working Group)

Patient with complaint of headache

Presence of headache red flags (A)

Yes

Primary headache is likely

No

Rule out secondary causes of headache
Proceed to Algorithm 2

Two of the following are present?:
- pulsating, moderate
- severe intensity, aggravated by routine activities

Yes

One of the following is present?:
- nausea, vomiting
- photo/phono phobia

No

Yes

Are prodromal symptoms present?

Migraine without aura.
Proceed to management protocols

No

Migraine with aura.
Proceed to management protocols

Pressing, tightening non-pulsating, mild or moderate, bilateral, not aggravated by physical activity?

Yes

No

Rule out secondary causes of headache
Proceed to Algorithm 2

Yes

No

One of the following is present?:
- nausea, vomiting
- photo/phono phobia

Historical / Examination
Red Flags (A)

1. Headache of recent origin (< 6 months)
2. A recent increase in the frequency and/or severity of the headache experience
3. Presence of CNS and/or cranial nerve abnormalities
4. Trauma

15 attacks per month for at least 6 months, and nausea, or photo or phono phobia

Posterior headache with possible anterior projection and neck pain, aggravated by neck motions or sustained neck posture and physical and radiographic evidence of cervical spine involvement?

Yes

No

Yes

Cluster headache.
Proceed to management protocols

No

Episodic tension headache.
Proceed to management protocols

Chronic tension headache.
Proceed to management protocols

Cervicogenic headache.
Proceed to management protocols

Yes

No

Recurrent, unilateral severe headache of short duration

Educational and Patient Care Protocols
Chapter 2 - 5
Headache Algorithm – Page 2

Secondary Headache Algorithm

Possible secondary headache

Nuchal rigidity

Yes

Fever

Yes

Meningitis. Immediate referral to Emergency Department

Yes

Subarachnoid hemorrhage. Immediate referral to Emergency Department

No

Temporal artery tender, thickened, granular quality, elevated ESR

No

Yes

Temporal arteritis. Refer to primary care physician for management

No

Blurred vision and pain around eye?

Yes

Acute glaucoma. Refer for ophthalmic consultation

No

Yes

Tumor. Refer for neurologic consultation

No

CN and/or CNS (including mental status) abnormalities

Yes

History of head trauma

Yes

Elderly patient (trauma may be trivial or not recalled)

Yes

Chronic subdural hematoma. Refer for neurologic consultation

No

Post-traumatic syndrome (includes tension-type and migraine presentations) Return to primary HA algorithm

No

Atypical primary headache. Proceed to management protocol

Elderly patient (trauma may be trivial or not recalled)