



Systemic
Neurologic Sx
Onset New, Sudden
Other Associated
Previous Headache
 Sx change

Causes for Concern?

No Yes!

Primary Headache Disorder

Secondary Headache Disorder

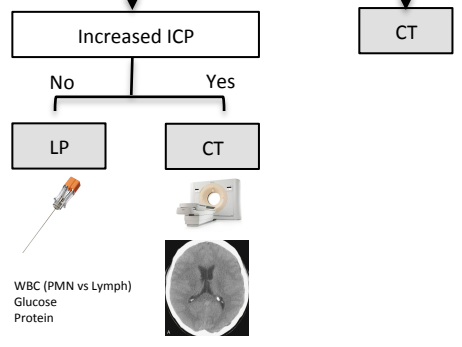


Infection Vascular Other

	Migraine	Tension	Cluster
	Unilateral (60-70%) Bifrontal or Global (30%)	Bilateral	Always unilateral Around Eye/Temple
	Gradual, Crescendo, Pulsating, Mod-Severe Intensity	Pressure or Tightness which Waxes and Wanes	Pain comes quickly, deep pain, continuous, excruciating, explosive
	Routine Physical Activity		
	Patient Prefers to Rest, Dark	Can be active	Can be active
	4h – 3 days	30 min – 7 days	15 min – 3 hr
	N/V, Photophobia, Phonophobia +/- aura (usually visuals)	None	Ipsilateral Lacrimation, Red Eye, Stuffy Nose, Pallor, Sweating, Focal Neurological Sx, Sensitivity ETOH
P r o p h y l a c t i c	1 st Line: Beta Blocker 2 nd Line: TCA 3 rd Line: anticonvulants Botox	Rest and Relaxation Physical Activity Biofeedback	Lithium Carbonate Prednisone Methysergide
A b o r t i v e	1 st Line: acetaminophen, NSAIDs, ASA +/- caffeine 2 nd Line: NSAIDs 3 rd Line: Triptans (5-HT agonists) +/- antiemetic	Rest and Relaxation, NSAIDs or acetaminophen	Sumatriptan Dihydroergotamine High Flow O2 Intranasal Lidocaine

Meningitis	SAH
Soon after feeling ill	Sudden
Severe Generalized Headache	Severe headache "worst headache of my life", "Thunderclap headache"
▲ Triad: NFL Nuchal Rigidity Fever LOC Altered ± Seizures, ± Focal neurologic deficits (CN cranial nerve palsies) ± ↑ ICP (Papilledema)	Ottawa SAH Rule: ELeFANT Exertion onset LOC witnessed (empty) Examination decreased exam Age > 40y Neck pain/stiffness Thunderclap onset ± Seizures ± ↑ ICP, N/V ± Hyponatremia ± EKG Changes

Trauma	Post-Trauma, Neck Manipulation
Vascular	Subarachnoid Hemorrhage, Subdural hematoma, epidural hematoma Pituitary Apoplexy Venous Thrombosis Giant Cell Arteritis Carotid/Vertebral Dissection AV Malformation
Non-Vascular	Increased/Decreased ICP, Neoplasm, Seizure
Substance	Carbon monoxide, ETOH, Cocaine, Histamine, Substance Withdrawal
Infection	Meningitis, Encephalitis, Abscess,
Homeostasis	Hypoxia, Hypercapnia, Hypoglycemia
Anatomy	Acute Glaucoma Physiological



WBC (PMN vs Lymph)
 Glucose
 Protein

Tx Antibiotics

Mass
 Malignancy