



Red Flags

1. Thunderclap
2. Raised ICP Symptoms (Worse on bending over or coughing or waking up, blurred vision)
3. Seizures, Reduced GCS
4. Cushing's Response

CT Head non-urgent

1. Focal Neurology
2. Swinging Fevers
3. Progressive Symptoms
4. Vomiting without a history of migraine

Primary Headaches:-

Tension:- Bilateral; Tightening; Mild/Moderate; not aggravated by ADLs; Variable duration

Migraine:- Unilateral; Throbbing/Pulsating; Moderate/Severe; Photo/phonophobia; +/- Aura Flickering lights; loss of vision; numbness; paraesthesia; speech disturbance all < 60 mins; Headache lasts 4-72 hours; Aggravated by ADLs.

Cluster:- Unilateral; periorbital; Tearing/Stabbing; Severe; Associated with ipsilateral autonomic features; red eye; ptosis; injection; constricted pupil; agitated patient; lasting 15-180 minutes

Treatment of Primary Headaches:-

Tension:- 1) NSAID +/- Paracetamol
2) Physio, GP, Neurology if chronic.

Migraine:- 1) Paracetamol + NSAID + Prochlorperazine
2) Sumatriptan 50mg Oral/ 6mg if Subcut, Avoid if pmh of stroke, hypertension or heart disease.
3) Repeat Step 2 at 2 hours if pain ongoing
4) Consider Hydration +/- IV fluids

No Opioids for tension/migraine.

Cluster:- 1) Sumatriptan 6mg Subcut and High Flow O2 15L through non-rebreather mask.
3) Consider Imaging if first episode

No opioids, paracetamol, NSAIDs or Oral Triptans for cluster headaches. No proven efficacy and risk of dependence.