Clinical Practice Guidelines:
Neurological/Headache

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<th>Date</th>
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<tr>
<td>Purpose</td>
<td>To ensure consistent management of patients with Headache.</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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A headache is defined as pain located in the head or neck region. The causes of a headache are categorised into primary and secondary classifications. Primary headaches account for 90% of the headaches people experience and encompass tension-type headaches, cluster headaches, migraines and cervicogenic headaches.[1]

Secondary headaches account for the remaining 10% of conditions that cause headaches and are based on their aetiology and not their symptoms. Secondary headaches encompass intracranial haemorrhages, tumours and infections such as meningitis. It is these types of headache that can be life-threatening or catastrophic if not urgently treated.[2,3]

**Clinical features**

**High risk features on assessment include:**

- Sudden onset
- Severe acute ‘worst ever headache’
- Different from usual pattern
- Subacute but progressively worsening
- Onset with exertion or sexual intercourse
- ALOC
- Fever
- Meningeal signs
- APO

**Clinical features (cont.)**

**Primary headaches**

**Tension-type headaches:**

- Steady ache, often described as ‘bandlike’
- Scalp tenderness
- Feeling of pressure or tightening
- Duration may be minutes to days
- Affects both sides of the head
- May have photophobia or phonophobia.

**Cervicogenic headaches:**

- Originate from disorders of the neck
- Exacerbated by awkward head/neck movement
- Accompanied by restricted neck movement.

**Migraine:**

- Females > males
- Family or chronic history
- Preceded by aura (10–20% cases)
- Throbbing unilateral (60%) or bi-lateral (40%) headache
- Visual disturbance.
### Clinical features (cont.)

#### Cluster headaches:
- Relatively rare and affect about < 1% of the population
- Predominately affect the male population
- Headaches come in groups lasting weeks or months
- Extreme pain lasting no more than 1–2 hours
- Intense pain usually centres around one eye, which may be inflamed and watery
- Nasal congestion may also be present on the affected side of the face.

#### Secondary headaches

**Intracranial haemorrhage (e.g. subarachnoid):**
- Severe acute ‘worst ever headache’
- Neck stiffness
- Nausea and/or vomiting
- Seizures
- Sudden altered or loss of consciousness.

### Clinical features (cont.)

#### Meningitis:
- Acute generalised headache
- Neck stiffness/photophobia
- Fever
- Nausea and/or vomiting
- ALOC.

### Risk assessment

- There are many causes of headache which may be life threatening despite normal vital signs and GCS. **ALL patients are to be transported for medical assessment.**
- Relief of symptoms with analgesia is not evidence of a benign cause.
- Officers are not to administer narcotics to patients with a history of chronic headaches as it has not been proven to be a successful intervention and may potentially increase the risk of reliance on such medication.
Note: Officers are only to perform procedures for which they have received specific training and authorisation by the QAS.