HEADACHES REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - NEUROLOGY • 92 CAMPUS DRIVE, SUITE B, SCARBOROUGH, ME • (207) 883-1414

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

New onset headache with rapidly increasing severity OR headache associated with focal neurological complaint (double vision, blurry vision, weakness, poor balance or vomiting)

EXAM:
papilledema, cranial nerve palsy, focal weakness, ataxia, fever or meninigismus

SUGGESTED PREVISIT WORKUP

Contact pediatric neurology and anticipate sending patient to Emergency Department for neuroimaging +/- lumbar puncture

MRI brain is the preferred imaging study

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Patient with signs and symptoms of headaches that are not clear migraine or tension headache

OR

there is not a positive family history

OR

there has been a suboptimal response to initial therapies

EXAM:
Patient has a **NONFOCAL** normal neurological exam without papilledema

SUGGESTED WORKUP

Referral to pediatric neurology and patient will be seen in 2 weeks.

Imaging often not required

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Patient with clear signs and symptoms of episodic migraine or tension headache with positive family history and displays expected response to NSAIDs, triptans or other pain relievers

EXAM:
Patient has a **NONFOCAL** normal neurological exam without papilledema

SUGGESTED MANAGEMENT

Address LIFESTYLE risk factors for headache (see below) and consider trial of supplements.

Magnesium oxide 400 mg QD* AND Riboflavin 100 mg QD* OR CoEnzyme Q10 200 mg QD*

*recommend decrease dose by 50% for age less than 8 years

CLINICAL PEARLS

- 80-90% of children diagnosed with migraine have a positive family h/o migraine headaches, often in a parent
- Migraine is common affecting 3% of 3-7 year olds, 4-11% of 7-11 year olds and 8-23% of 11-15 year olds
- Migraine is frontotemporal in location; unilateral or bilateral; moderate to severe in intensity; increases in severity with activity; associated with nausea/vomiting OR photo/phonophobia; resolves often after sleep; can be associated with aura prior to headache onset
- Tension headache is bilateral in location, mild to moderate in intensity, NOT aggravated by activity; NOT associated with nausea/vomiting or photo/phonophobia

Maine Medical PARTNERS

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