

### Are there any Red Flags?

- Meningism/Fever with worsening headache
  - Decreased level of consciousness
  - Thunderclap (sudden onset and maximal intensity within 5 min)
- Call 999 and immediate referral to A&E**

- New onset cognitive dysfunction or neurological signs including gait disturbance
- Change in personality or behaviour
- Signs of raised ICP e.g. orthostatic headache (worse on lying down), papilloedema, visual disturbance, persistent or recurrent vomiting, bradycardia+/- hypertension
- Abnormal head position e.g. head tilt, stiff neck
- Triggered by cough, sneeze, valsalva or exercise
- Significant head trauma within last 3 months
- New fits or seizure
- Delayed or arrested puberty (not so urgent – can email)

YES

NO

Consider type of headache

### Urgent referral to Paediatrics by phone

For immediate advice from Paediatric consultant:

#### Evelina London:

**Phone:**  
via Consultant Connect  
(11:00-19:00 Mon-Fri)

#### King's College Hospital:

**Phone:**  
via Consultant Connect  
(08:30–24:00 Mon-Fri,  
08:30-20:00 Sat-Sun)

Type	Tension	Migraine (+/-aura)
Features (Not all will be present in every case)	Bilateral Mild/Moderate pain that is pressing or tightening Lasts 30 min to continuous	Unilateral or Bilateral Moderate/severe pain that is pulsating, throbbing or banging Aggravated by daily tasks Sensitivity to light/sound Nausea, vomiting Aura Lasts 1-72 hours
Acute Treatment	Paracetamol and/or NSAIDs	Offer combination of paracetamol or NSAIDs and nasal (or oral) triptans – see BNFc Where nasal (or oral) preparations are not tolerated, consider other routes of administration and offer antiemetics.
Prophylaxis	NICE suggests acupuncture but not currently available on NHS	Offer topiramate or propranolol after discussion with/review by Secondary care

### Top Tips

- Migraine and tension headaches are very common
- Consider a headache diary (minimum 8 weeks) to aid diagnosis of primary headaches
- Ask about family history
- Consider triggers
- Is there a psychological aspect? Suspect if headaches are school related (only occurring on Sunday evenings/weekdays)
- If you are worried from the history do not be reassured by a normal neurological exam
- Remember when prescribing topiramate for teenage girls that it affects the oral contraceptive pill and has teratogenic effects
- Other causes in decreasing frequency. Common: sinus or analgesic related. Uncommon: cluster headache or systemic illness. Rare: benign intracranial hypertension, space occupying lesion or hypertension

### When should you refer?

- Child less than 5 years old
- Diagnostic doubt
- Uncontrolled migraine or clusters
- Headaches affecting school attendance

Advice: Evelina London  
General.paediatrics@nhs.net

**Routine referrals to general paediatrics:**  
**King's College Hospital and Evelina London:** via ERS

References: [NICE guidance \(CG150\)](http://guidance.nice.org.uk/cg150):  
(<http://guidance.nice.org.uk/cg150>)