

**Nurse Practitioner
CLINICAL PRACTICE GUIDELINE
Headache**

	Nurse Practitioner CLINICAL PRACTICE GUIDELINE Headache	
Nurse Practitioner	Patients >12 years presenting with isolated minor headache	Identify patients suitable for NP.
GP or ED	<ul style="list-style-type: none"> • Patients < 12 years of age • Underlying medical pathology / complex patient • Multiple injuries / evidence of cranial trauma • Altered conscious state including effects of drugs or alcohol • History consistent with LOC; collapse / fitting / syncope • Anticoagulant therapy • Sudden onset of severe headache 	Identify patients not suitable for NP CPG and redirect to GP or ED.
	Assessment and Intervention	Outcomes
Primary Survey	<ul style="list-style-type: none"> • Airway • Breathing • Circulation • Disability • Environment 	Abnormal survey: Refer to ED immediately.
History	<ul style="list-style-type: none"> • Onset and progression of symptoms • Regular occurrence; morning headaches • Associated illness / injury • Diet; caffeine, MSG, amines, fasting, dehydration • Menses • Treatment pre attendance • Relevant past medical history / medications • Allergies / immunisations • Last food / fluids • Social / occupational circumstances / stressors 	Identify any patient not suitable for NP and refer to GP or ED.
Focused Clinical Assessment Causes of headache include; stress, diet, jaw problems, illnesses of the eye, ear, nose and throat. Normal neurologic exam is generally found with migraine, tension-type (acute or chronic), rebound, and cluster headache.	<ul style="list-style-type: none"> • Assess functional impairment • Pulsatile, throbbing, pressing, sharp • Location; unilateral or bilateral • Aggravated by sneezing, coughing, straining • Vital signs • HEENT assessment • Localised weakness (SMILE) • Neck stiffness / rigidity / tension • Photophobia 	Determine the extent of the problem and identify any patient not suitable for NP and refer to GP or ED.

Pain Assessment	<ul style="list-style-type: none"> • Pain Scale 	Determine the need for analgesia.
	Working Diagnosis and Investigations	Outcomes
Imaging	<ul style="list-style-type: none"> • Not generally required 	Refer to GP or ED for further investigations and treatment.
Pathology	<ul style="list-style-type: none"> • Not routinely indicated 	Refer to GP or ED for further investigations and treatment.
	Patient Discharge Education and Information	Outcomes
When to see GP or attend ED	<p>Instructions to report immediately if the following problems occur:</p> <ul style="list-style-type: none"> • Persistent vomiting (more than twice) • Drowsiness – unable to be woken up completely • Confusion, disorientation, slurred speech • Increased headache (not relieved by standard dose paracetamol or Ibuprofen) • Localised weakness, altered sensation or coordination • Blurred or changes in vision • Seizures • Neck stiffness 	Patient is to understand instructions and is safe for discharge home.
Patient Education	<ul style="list-style-type: none"> • Inform patient about treatment plan and importance of medical intervention and follow up • Lifestyle modification • Heat or cold packs to neck 	Optimise awareness Optimise compliance.
Medication instructions	<ul style="list-style-type: none"> • Verbal instructions from NP 	Ensure patient understands treatment, follow up and is safe for discharge home.
Certificates	<ul style="list-style-type: none"> • Absence from work / school certificates 	Appropriate documentation completed.

	Medication	Outcomes
	All medication to be stored labelled and dispensed according to legislation.	
Simple Analgesia S2 Mild Pain	Paracetamol 500mg 1 to 2 tablets 4–6 hourly. Max 8 tablets in 24 hours. Children 12 years: ½ to 1 tablet 4-6 hourly. Max 4 tablets in 24 hours.	Patients given analgesia appropriate to assessment of pain, allergies, current medications and past medical history.
NSAIDS S4 Moderate Pain	Add to paracetamol if still in pain: Ibuprofen 200-400mg 4-6 hourly. Max 6 tablets in 24 hours. Children >12 years: 200-400mg 4-6 hourly. Max 6 tablets in 24 hours.	Patients with excessive pain or pain unrelieved by analgesia require review by GP/ED.
Combined Analgesia S3	Paracetamol 500mg & Codeine Phosphate 8mg Adults: 1 to 2 tablets 4–6 hourly. Max 8 tablets in 24 hours. Children 12 years: ½ to 1 tablet 4-6 hourly. Max 4 tablets in 24 hours.	
Antiemetic S4 (Contraindicated in Parkinson's disease)	Metoclopramide hydrochloride: PO/IM 5-10mg 8 hourly. Max 30 mg in 24 hours. Prochlorperazine: PO 5-10mg 8-12 hourly. IM deep 12.5mg 8 hourly. Promethazine: PO 25mg 4-6 hourly	Patients given antiemetic appropriate to assessment.
Combined Analgesia & Antiemetic S3	Metoclopramide 5mg & Paracetamol 500mg (Anagrain) Adults: 1-2 tablets 4 hourly. Max 6 tablets/24 hours. Children 12-17 years: 1 tablet 4 hourly. Max 3 tablets/24 hours.	Patients given combined analgesia and antiemetic appropriate to assessment

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References

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Formulary

Paracetamol

Indications Simple analgesia for mild to moderate pain, and reduction of pyrexia. Simple analgesia for mild to moderate pain associated with fever.

Dosage **ADULTS: Paracetamol 500mg:** 1 or 2 tablets 4 hourly.
Not to exceed 8 tablets in 24 hrs.
Children 7-12 years: ½ to 1 tablet 4 hourly.
Not to exceed 4 doses in 24 hours

Special Considerations Paracetamol-induced hepatotoxicity is very rare at therapeutic doses. The risk may be increased by poor nutrition or chronic alcohol abuse, although conclusive evidence for this is lacking. Inadvertent overdose, often from taking two paracetamol-containing preparations concurrently, is the more common cause of liver injury caused by paracetamol. Advise patients not to exceed the maximum daily dose and to avoid other paracetamol-containing preparations (such as cold and flu tablets).

Note: Fever is an adaptive physiologic mechanism with beneficial effects. Even in low doses paracetamol has been known to cause hepatotoxicity and its prolonged use to reduce temperature in children is contraindicated.

Paracetamol & Codeine

Indications Combined simple analgesia for mild to moderate pain, and reduction of pyrexia. Simple analgesia for mild to moderate pain associated with fever.

Dosage **Paracetamol 500mg & Codeine 8 mg:**
ADULTS: 1 or 2 tablets 3-4 hourly.
Not to exceed 8 tablets in 24 hrs.
Children 7-12 years: ½ to 1 tablet 3-4 hourly.
Not to exceed 4 doses in 24 hours

Special

Considerations **May cause drowsiness. Caution in breastfeeding women.** Paracetamol-induced hepatotoxicity is very rare at therapeutic doses. The risk may be increased by poor nutrition or chronic alcohol abuse, although conclusive evidence for this is lacking. Inadvertent overdose, often from taking two paracetamol-containing preparations concurrently, is the more common cause of liver injury caused by paracetamol. Advise patients not to exceed the maximum daily dose and to avoid other paracetamol-containing preparations (such as cold and flu tablets).

Note: Fever is an adaptive physiologic mechanism with beneficial effects. Even in low doses paracetamol has been known to cause hepatotoxicity and its prolonged use to reduce temperature in children is contraindicated.

Ibuprofen

Indications Analgesia in acute pain. Temporary relief of migraine, headache.

Dosage **>12 years:** 200-400mg 4-6/24.
Not to exceed 1200mg, (6 tablets) in 24 hours

Special Considerations Combining an NSAID with paracetamol allows lower NSAID doses to be used. Intermittent use (for example, before activity or during a flare in pain) has a lower risk of adverse effects than continuous use.

Contraindications Avoid NSAIDS in Heart Failure, Gastrointestinal disorders and Asthma sufferers.

Metoclopramide

Indications Propulsive. Nausea and vomiting.

Dosage **Adults 20 years + >:** 10mg 8 hourly
15 – 20 years: 5-10mg 8 hourly

Special Considerations Extrapyramidal dystonic reactions, CNS disturbances.

Contraindications Gastrointestinal motility disorders. Pheochromocytoma.

Prochlorperazine

- Indications** Nausea and vomiting including migraine associated.
- Dosage** **Adults:** PO 5-10mg 8-12 hourly, IM 12.5mg may be followed with PO dose 6 hours post IMI
Children > 10kg: 0.25mg/kg 8-12 hourly
- Special Considerations** This product may cause drowsiness.
- Contraindications** Circulatory collapse, CNS depression, hypersensitivity to phenothiazines, bone marrow depression. Avoid use in children.

Promethazine

- Indications** Nausea, vomiting.
- Dosage** **Adults:** PO 25mg 8-12 hourly max 100mg/day
Children 6-12 years: PO 10 mg 8-12 hourly max 25mg/day
- Special Considerations** This product may cause drowsiness.
- Contraindications** Hypersensitivity. Use of MAOI. CNS depression

Anagrain

- Indications** Symptomatic relief of nausea, vomiting and headache associated with Migraine.
- Dosage** **Adults :** 1-2 tablets 4 hourly. Max 6 tablets/24 hours
12 – 17 years: 1 tablet 4 hourly. Max 3 tablets/24 hours
- Special Considerations** Extrapramidal dystonic reactions, CNS disturbances.
- Contraindications** Gastrointestinal motility disorders. Phaeochromocytoma