Clinical Protocol: Headache	
ORIGINAL EFFECTIVE DATE: 05/24/2011	REVIEWED/REVISED DATE(S): 06/18/2019
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PROTOCOL OVERVIEW

This Clinical Protocol advises on guidelines, indications, and referral processes for headaches.

INDICATIONS

CLINICAL INDICATIONS FOR IMAGING

- CT scan, non-contrast
  - Indicated for ANY ONE of the following
    - Symptoms suggesting an ominous headache with a possibly more serious, underlying cause, as indicated by ANY ONE of the following:
      - First or worst headache of the patient's life, particularly if the onset was rapid
      - Suspected subarachnoid hemorrhage when ANY ONE of the following is present (without contrast):
        - Abrupt onset of severe headache
        - Headaches during exertion or sexual intercourse
        - Warning headache, i.e., a recent unusually severe headache with abrupt onset
      - A change in the frequency, severity, or clinical features of the headache attack from what the patient has commonly experienced
      - Onset of headache after 50 years of age
      - A new or progressive headache that persists for days
      - Precipitation of head pain with coughing, sneezing, or bending down
      - Systemic symptoms such as myalgia, fever, malaise, weight loss, scalp tenderness, or jaw claudication
      - Neurologic abnormalities
        - Focal neurologic symptoms
        - Abnormalities on neurologic examination
        - Confusion
        - Any impairment in the level of consciousness
      - Seizure disorder
      - History of cancer
- Magnetic resonance imaging
  - Indicated for ANY ONE of the following:
    - Symptoms suggesting an ominous headache with a possibly more serious, underlying cause, as indicated by ANY ONE of the following:
      - First or worst headache of the patient's life, particularly if the onset was rapid
      - A change in the frequency, severity, or clinical features of the headache attack from what the patient has commonly experienced
      - Onset of headache after 50 years of age
      - A new or progressive headache that persists for days

- Precipitation of head pain with coughing, sneezing, or bending down
- Systemic symptoms such as myalgia, fever, malaise, weight loss, scalp tenderness, or jaw claudication
- ANY ONE of the following neurologic abnormalities:
  - Focal neurologic symptoms
  - Abnormalities on neurologic examination
  - Confusion
  - Any impairment in the level of consciousness

- Seizure disorder
- Constitutional symptoms: fever, weight loss, or cough
- History of cancer
- HIV positive patient, generally as preferred test

(NOTE that neuroimaging is usually not warranted in patients with migraine and normal neurologic examination).

CLINICAL INDICATIONS FOR REFERRAL

- Refer to neurologist for ANY ONE of the following:
  - Diagnosis is unclear, atypical presentation
  - Unsatisfactory response to treatment, assistance needed
  - Focal neurologic findings or altered mental status
  - Change in headache pattern or neuropathic headache
  - Sudden onset of severe headache, with no previous history of headaches, agc <10 or >50
  - Abnormal findings on CT scan or magnetic resonance imaging, congenital disorder, hydrocephalus, abnormal intracranial pressure

CLINICAL INDICATIONS FOR EMERGENCY EVALUATION

- Emergency evaluation is indicated for ANY ONE of the following:
  - Suspected organic causes or findings requiring emergency evaluation for diagnosis and therapeutic intervention, including ANY ONE of the following
    - Subarachnoid or intracranial hemorrhage
    - Unruptured but threatening vascular malformation
    - Venous sinus thrombosis
    - Stroke or seizure
    - Increased intracranial pressure/abnormal funduscopic exam
    - Encephalitis, meningitis, brain abscess, space occupying lesion on image
    - Toxic or metabolic decompensation
    - Head trauma, HIV diagnosis, immunosuppression, cancer history
    - Malignant hypertension
    - Acute neurologic signs
    - Significant and persistent mental status change
  - Severe headache, including rebound headache, with intractable nausea and vomiting unresponsive to outpatient interventions, “thunderclap” headache, suggestion of giant cell arteritis, association with postural change or “worst headache of life

CITATION

Milliman Care Guidelines, “Ambulatory Care”, 23rd Edition, 2/27/2019