



PCP Headache Referral Checklist

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Red Flags: PCP should consider Emergency Department referral and/or imaging for any worrisome features:

- Focal neurologic deficit
Sudden severe (thunderclap) headache
Altered mental status (AMS), fever (>100.4°), neck rigidity
Papilledema (optic nerve swelling)
Headaches waking child from sleep

Call Neurology at 205-996-7850 if urgent advice is needed.

- Any special circumstances present? (check all that apply):
There are other neurological issues/concerns besides headache (e.g., seizures, delays)
Headaches were due to a concussion (please refer to Sports Medicine first)
Chronic daily headache (> 3 months) that is progressively worsening
Headache triggered by exertion, position change, cough, strain or Valsalva
History of pregnancy, malignancy, immune compromise, or café-au-lait lesions
Headache associated with systemic symptoms (weight loss, muscle/joint pain, rash)
Has missed more than 5 days of school within the past 3 months
Has been to the Emergency Department 2 or more times in the past 3 months

- List all tests performed to evaluate this complaint (check all that apply):
CT or MRI date: results:
Eye exam date: results:
Lab studies date: results:

- List all acute medicines this patient has tried (check & circle all that apply):
NSAIDs: acetaminophen, ibuprofen, naproxen, diclofenac, other:
Antiemetics: ondansetron, prochlorperazine, promethazine, other:
Triptans: sumatriptan, rizatriptan, naratriptan, other:
OTC combos: Excedrin, Goody's Powder, other:
Opioids, tramadol, butalbital (Fiorinal), other:

- List all prevention strategies this patient has tried (check all that apply):
Lifestyle changes
CBT or psychotherapy (which, with whom?)
Daily vitamin(s) or medicine(s) (which, doses, how long?)

Referring Physician/CRNP Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Table 1 Acute Medicines<sup>1</sup>**

| Medication                             | Form | Dosage               | Maximum dose   | Frequency    | Formulations  | Side effects   |
|--|------|----------------------|--|--------------|---|--|
| <b>NSAIDs</b>                          |      |                      |  |              |   |  |
| Ibuprofen (Motrin®/Advil®)             | PO   | 10 mg/kg/dose        | 400-800 mg. Maximum daily dose 1200 mg / 24 hours  | Q 6-8 hours  | Chew: 100 mg<br>Tab: 200 mg<br>Syrup: 100 mg/5 ml             | GI bleeding, GI Ulcers, decreased platelet function                      |
| Naproxen (Aleve®/Naprosyn®)            | PO   | 5-7 mg/kg/dose       | 250-500 mg. Maximum daily dose 1000 mg / 24 hours  | Q 8-12 hours | Susp: 125mg/5ml<br>Tab: 220, 250, 375, 500 mg                 |  |
| Acetaminophen (Tylenol®) (oral)        | PO   | 10-15 mg/kg/dose     | 650-1000 mg. Do not exceed 5 doses in 24 hours; maximum daily dose (oral or rectal): 75 mg/kg/day not to exceed 4000 mg / 24 hours | Q 4-6 hours  | Susp: 160mg/5ml<br>Tab: 80, 325, 500 mg                       | Hepatic toxicity   |
| Acetaminophen (Tylenol®) (rectal)      | PR   | 10-20 mg/kg/dose     | 650 mg. Do not exceed 5 doses in 24 hours; maximum daily dose (oral or rectal): 75 mg/kg/day not to exceed 4000 mg / 24 hours      | Q 4-6 hours  | Rectal: 60, 120, 325, 650 mg                                  | Hepatic toxicity   |
| <b>Antiemetics*</b>                    |      |                      |  |              |   |  |
| Ondansetron (Zofran)                   | PO   | 0.1 mg/kg/dose       | 8 mg   | Q 6-8 hours  | Syrup: 4mg/5mL<br>Tab: 4, 8 mg<br>ODT: 4, 8 mg                | Blurred vision, dizziness, drowsiness, anxiety or agitation, tachycardia |
| Prochlorperazine (Compazine®) (oral)   | PO   | 0.1 mg/kg/dose       | 10 mg  | Q 6-8 hours  | Syrup: 5mg/mL<br>Tab: 5, 10, 25 mg                            | Blurred vision, akathisia, dystonic reaction                             |
| Prochlorperazine (Compazine®) (Rectal) | PR   | 0.1 mg/kg/dose       | 10 mg  | Q 6-8 hours  | Rectal: 2.5, 5, 10 mg   | Blurred vision, akathisia, dystonic reaction                             |
| Promethazine (Phenergan®) (Oral)       | PO   | 0.25 to 1 mg/kg/dose | 25 mg  | Q 4-6 hours  | Syrup: 6.25mg/5 ml, 25 mg/5 mL<br>Tab scored: 12.5, 25, 50 mg | Blurred vision, akathisia, dystonic reaction                             |
| Promethazine (Phenergan®) (Rectal)     | PR   | 0.25 to 1 mg/kg/dose | 25 mg  | Q 4-6 hours  | Rectal: 12.5, 25, 50 mg                                       | Blurred vision, akathisia, dystonic reaction                             |
| <b>Antihistamines</b>                  |      |                      |  |              |   |  |
| Diphenhydramine (Benadryl®)            | PO   | 0.5 mg/kg/dose       | 50 mg  | Q 6 hours    | Syrup: 12.5mg/5mL<br>Tab: 25, 50 mg                           | Nausea, blurred vision, xerostoma  |

\*Be sure to administer diphenhydramine with dopamine-blocking anti-emetics to minimize risk of akathisia and dystonic reactions

**Table 2 PedMAP Headache Toolbox<sup>2</sup>**

| <b>Tools for life</b>   |   |
|---|---|
| Children and adolescents with headaches need to learn how to manage life with headaches at home, at school and with friends.  |   |
| <b>Cognitive Behavior Therapy (CBT)</b>   | CBT teaches you new ways of thinking about pain and new ways of responding to it by setting goals, pacing activity, and using your brain to turn down your body's pain response. Visit <a href="http://www.findcbt.org/FAT/">http://www.findcbt.org/FAT/</a> to learn more about CBT and find a therapist.  |
| <b>Biofeedback</b>  | A machine uses sensors to measure your stress level and a computer screen shows you how your stress level changes as you practice different stress-reducing exercises. Visit <a href="https://www.bcia.org">https://www.bcia.org</a> to learn more about biofeedback and find a therapist.  |
| <b>Tools for home</b>   |   |
| Your brain works best when it knows what to expect. Keeping your brain in balance can prevent more migraines. Visit <a href="https://www.healthychildren.org">https://www.healthychildren.org</a> for advice on healthy living and <a href="http://www.headachereliefguide.com">www.headachereliefguide.com</a> to make a plan.   |   |
| <b>Hydration</b>  | Drink enough water to make your urine pale. Drink more water when it's hot outside and before, during and after you exercise. Avoid drinks with caffeine and added sugar.   |
| <b>Food</b>   | Don't skip meals. Choose fresh fruits, vegetables, whole grains, and lean protein when you can. Avoid foods high in salt, sugar or corn syrup, or with many chemicals listed on the label.  |
| <b>Sleep</b>  | Teens need 8-10 hours and pre-teens need 9-12 hours of sleep each night. Keep a regular schedule. No electronics 30 minutes before bedtime. Report snoring or breathing difficulty.   |
| <b>Exercise</b>   | Try to exercise every day. To lose weight, you need 20-30 minutes of activity strong enough to make you sweat. Be sure to warm up first and don't exercise past the point of pain.  |
| <b>Emotions</b>   | Stress is part of life and learning to deal with it is important for growth. Learn and practice positive coping strategies. Avoid over-scheduling and allow some downtime to de-stress.   |
| <b>Tools for school</b>   |   |
| Students with headaches can struggle to focus and may take longer to finish their schoolwork. This added stress can lead to more headaches and even more frequent absences. Ask school officials to create an <b>Individualized Health Plan</b> or <b>504 Plan</b> using some of these strategies to combat the specific migraine symptoms that are preventing a student from functioning properly at school. |   |
| <b>Trigger Management:</b>  | <ul style="list-style-type: none"> <li>Allow student to keep a water bottle at his/her desk</li> <li>Allow student to use restroom when needed</li> <li>May need to eat a mid-morning and/or mid-afternoon snack</li> <li>May need access to a quiet place to eat lunch with a companion</li> <li>May need an anti-glare screen filter or paper copies of assignments</li> <li>May need to use a rolling backpack or obtain a second/digital copy of books for home</li> <li>Other: _____</li> </ul>  |
| <b>Symptom Management:</b>  | <ul style="list-style-type: none"> <li>Allow student to go to nurse/health office as soon as his/her headache or aura starts</li> <li>Allow student to rest for 30 minutes before returning to class</li> <li>Allow light-sensitive student to wear dark glasses for a few hours when pain is severe</li> <li>Allow noise-sensitive student to work in a quiet place (i.e., library) for a few hours when pain is severe</li> <li>Allow a PE alternative (e.g., walking, stretching, yoga) when pain is severe</li> <li>Other: _____</li> </ul>   |
| <b>Workload Management:</b>   | <ul style="list-style-type: none"> <li>May need extended time to take tests or complete work when headache is severe</li> <li>May need a copy of class notes/homework packet when absent or unable to concentrate</li> <li>May need extra time to make up exams or assignments missed due to severe headache</li> <li>Consult school psychologist to evaluate for suspected learning problems</li> <li>Consider modifying assignments (fewer problems, test of mastery) or class schedule (half days, rest breaks, fewer classes) if returning to school after an extended absence</li> <li>Other: _____</li> </ul> |

1. From Turner, S., Koehler, A., Yonker, M., Foss, A., Jorgensen, J. & Birlea, M. (2017). Headache Clinical Pathway. Children's Hospital Colorado. Retrieved 5/30/19 at <https://www.childrenscolorado.org/globalassets/healthcare-professionals/clinical-pathways/headache-clinical-pathway.pdf>

2. From Turner, S.B., Rende, E.K., Pezzuto, T., Weaver, S., Henderlong-Kropp, A., Greene, K.A., Bicknese, A.R., Dilts, J.J., Gautreaux, J.R., Victorio, M.C.C., Strauss, L.D., Lagman-Bartolome, A.M., Szperka, C.L., Yonker, M., Hershey, A.D. and Gelfand, A.A. (2019), Pediatric Migraine Action Plan (PedMAP). *Headache: The Journal of Head and Face Pain*, 59: 1871-1873. doi:[10.1111/head.13681](https://doi.org/10.1111/head.13681)

**Acute Treatment Strategies (key points to consider)**

- A summary of the 2019 AAN/AHS Practice Guideline Update for the Acute Treatment of Migraine in Children and Adolescents is available at: <https://www.aan.com/Guidelines/Home/GetGuidelineContent/970>
- Treat headaches before they become severe (within 15 minutes of onset)
- Use an adequate weight-based dose of appropriate medicine(s) (see Table 1)
- Limit to 2-3 days a week to avoid overuse, harm to stomach, liver or kidneys
- Be sure student has permission to take meds at school using the PedMAP <https://headachejournal.onlinelibrary.wiley.com/doi/10.1111/head.13681> or <https://www.alsde.edu/sec/pss/Health%20Documentation/PPA%202019.pdf>