**Headache Pathway**
Clinical assessment / management tool for Children with Headache

**Management – Primary Care and Community Settings**

### Green – Low risk
Headache history and examination consistent with common childhood headache types WITHOUT RED or AMBER features
- Tension type headache
- Migraine (see below)

### Green Actions
- Provide and discuss **patient advice sheet**
- Advise a routine optician appointment
- Simple headache advice as per advice sheet
- Keep analgesia use to a minimum (less than 3 days a week)
- Explore psychosocial factors/ stressors (**HEADSSS screen** if >10 years old)
- Encourage parents/child to keep a headache diary; follow up to review

### Amber – Intermediate risk
Recurrent or progressive headaches unresponsive to initial advice/treatment WITHOUT RED features.
Using analgesia more than 3 days a week for more than 3 months (Medication Overuse Headache)
Psychological factors that interfere with management

### Amber actions
- Provide and discuss **patient advice sheet**
- Ensure all Green actions completed
- Seek advice from/make routine referral to **local general paediatric team**
- Refer to local **CAMHS team** or youth counselling charity if significant psychological factors and **provide resources**

### Migraine in Children (7 years +)
Often bilateral and frontal with shorter attacks than adults. Headache can be minor (even absent) with abdominal pain and/or vomiting
- Treat with paracetamol or Ibuprofen plus antiemetic (cyclizine or prochlorperazine).
- Use nasal tryptan, second line (**not** for hemiplegic migraine)
- Prophylaxis (propranolol **not** pizotifen) is rarely needed – refer. Can consider riboflavin trial whilst awaiting review.

### Red – High risk
Any examination red flags*
- Severe, sudden onset, incapacitating headache that doesn’t respond to simple analgesia
- Signs of meningism (neck stiffness, photophobia, vomiting)
- Impaired level of consciousness or associated confusion, disorientation or seizure
- New neurological deficit or symptoms such as weakness/loss of balance / co-ordination problems / head tilt or gait abnormalities
- Persistent blurred/double vision or new squint
- Persistent vomiting/nausea, especially if early morning (occurring on most days for 2 or more weeks)
- Child age < 4 years (Headache in this age group is very unusual and may indicate serious underlying pathology)
- Waking the child from sleep; unable to return to sleep
- Brought on by coughing or straining
- Change in personality / behaviour. Decline in academic performance or regressing milestones

### Red actions
- If suspected meningitis, stroke or intracranial bleed: arrange urgent ambulance transfer and alert Children’s Emergency Department.
- For other red features: discuss immediately with **local paediatrician on call** to consider same day or urgent outpatient assessment