



Adult Patient with a Headache

- Does the patient have any of the following red flag features?**
- Thunderclap headache (see thunderclap headache pathway below)
 - New headache in the older population
 - New onset headache with history of cancer or immunodeficiency
 - Headache with mental state changes
 - Headache with fever, neck stiffness and meningeal signs
 - Headache with focal neurological deficit if not previously documented as a migraine with aura
 - Substance abuse with amphetamine or cocaine
 - Patient is pregnant or postpartum
 - Headache causing waking from sleep or worsened by Valsalva manoeuvre
 - Progressively worsening headache
 - Significant Trauma (See head trauma pathway below)
 - Anticoagulation (Including aspirin, clopidogrel)
 - History of seizures in non-epileptic
 - Headache different to usual migraine

Yes

CT Head generally Indicated

Are any of the following suspected ?

Yes

Head trauma

Go to Head Trauma Pathway

Temporal arteries

Diagnosis based on a combination of clinical suspicion, elevated ESR and temporal artery biopsy. Imaging not usually required but consider ultrasound

Trigeminal neuralgia

MRI

Thunderclap headache

Go to Thunderclap Headache Pathway

Carotid or vertebral artery dissection

CT Angiography Or MRI +MR Angiography (MRA)

Cerebral venous thrombosis

Ct Venography Or MRI + MR Venography (MRV)

No

Significant intracranial pathology unlikely, but not excluded

No

If ongoing headache , consult neurology

Is Meningitis Suspected

Go to the Meningitis Pathway

Patients who present within a short timeframe or who don't respond satisfactorily to treatment should be referred to the on call Neurology team for review .

Acknowledgement

This document was adapted with permission from the Diagnostic Imaging Pathways by SCGOPHCG Emergency Department.