

# Sudden Onset Headache Ambulatory Care Pathway

## COLLECT THESE DETAILS

### RECORD FULL HISTORY & EXAMINATION, INCLUDING

Time and date of assessment?

Brought in by ambulance?

Time and date of headache onset?

Onset with exertion?

Time to peak headache severity?

Associated symptoms?

- Loss of consciousness?
- Neck pain/stiffness?
- Onset with exertion?
- Vomiting?

Falls or head trauma in the last 7 days?

If Yes – See ED Head Injury Pathway

On an anticoagulant drug?

On any sympathomimetic drugs?

Past headache/neuro history?

Known to a neurologist (and if so, who?)

Glasgow coma scale score?

Temperature?

BP on arrival

If BP > 180/120 – For hypertensive crisis work-up

Abnormal neuro exam?

### RED FLAG FEATURES

#### History

- New onset or change in headache in a patient aged >50yrs
- Focal neurological symptoms (e.g. limb weakness, aura <5min or >1hr)
- Non-focal neurological symptoms (e.g. cognitive disturbance)
- Change in headache frequency, characteristics or associated symptoms
- Headache that changes with posture
- Headache wakening the patient up (NB migraine is the most frequent cause of morning headache)
- Headache precipitated by physical exertion or valsalva manoeuvre
- Patients with risk factors for intracranial venous thrombosis
- Jaw claudication or visual disturbance
- New onset headache in a patient with a history of HIV infection
- New onset headache in a patient with a history of cancer
- On an anticoagulant drug
- Recent falls or head trauma

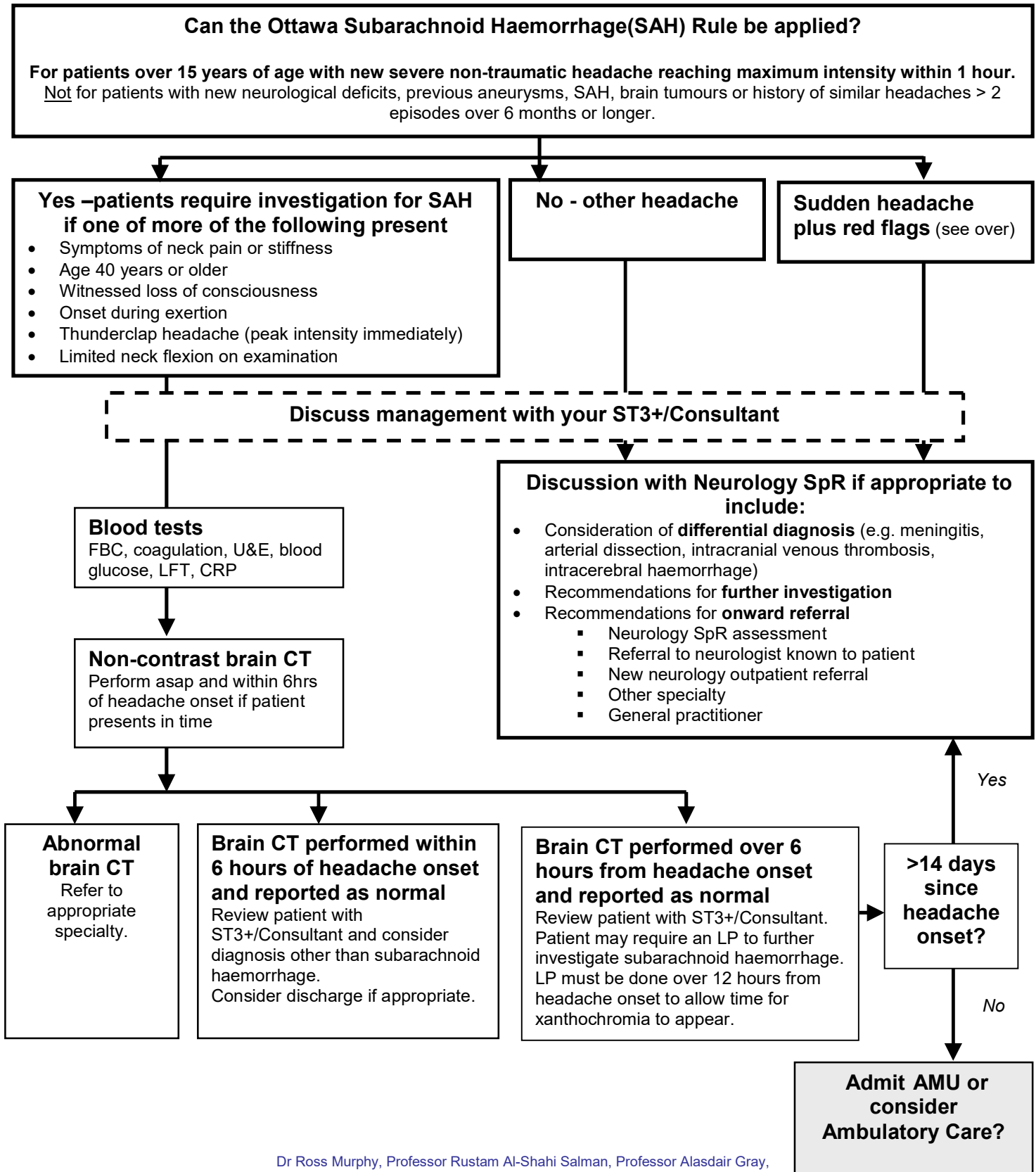
#### Examination

- Abnormal neurological examination
- Neck stiffness
- Fever

This guideline is based on:  
1. Perry JJ et al. Stroke 2020; 51:242-430  
2. Carpenter CR et al. SAEM 2016; 23(9):963-1003

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## TRIAGE AND PATHWAYS



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## AMBULATORY CARE PLAN

### Are all the following criteria for ambulatory care fulfilled?

- Brain CT provisionally reported as normal
- LP cannot be done on day of presentation i.e. CSF would not reach lab for spectrophotometry before 5pm on weekdays and 11.30am on weekends
- Headache fully resolved
- No neurological deficit
- No suspicion of meningitis
- BP < 160/100 mmHg
- No reasons for immediate admission
- Responsible adult will be with patient at home until they return to Ambulatory Care

No

**Admit AMU**

Yes

### Refer to next day ambulatory care clinic

#### To book patient into the clinic:

- **Complete the patient's note on Trak.**
- **Ask ED or AMU reception to book patient into the next day ambulatory care clinic as a NEW headache patient.**
- **Aim to book early morning appointments (9am) to ensure adequate time for assessment**
- **If ambulating at weekends patient must return at 9am as spectrophotometry (bilirubin) is not processed by the lab after 11.30am**
- **Discharge with oral advice and Ambulatory Care Information leaflet below and tick ambulatory care as the discharge destination on Trak.**

### Next day ambulatory care clinic

Patient re-assessed and discussed with Specialty Doctor or Consultant

Brain CT formal report checked

LP performed if appropriate and >12 hrs after headache onset

- **Informed consent** for LP obtained
- **Check** coagulation and platelets prior to procedure
- **Transport** CSF to lab by hand, protected from light
- **Measure** CSF opening pressure
- **Request** protein, glucose (CSF & blood paired), microscopy for cells, spectrophotometry (bilirubin)

**Review patient with results and consider further investigation or discharge after further discussion with Specialty Doctor or Consultant**

**NHS Lothian**

**NEW ROYAL INFIRMARY OF EDINBURGH**

**Ambulatory Care Patient Information**

**Instructions for patients with sudden onset headache being investigated as an ambulatory care patient**

You are being investigated for the cause of your illness. The medical team looking after you have decided that you are well enough to go home and have further tests done as an outpatient.

If you develop further headache or feel more unwell after discharge you should return to the Emergency Department.

We would like you to return to the Acute Medical Unit Reception on     /     /     at 9 am for review and further investigation.

You may require a lumbar puncture. If so you will be given the result later that day and be reviewed by medical staff.

Please continue to take any other medications prescribed for you. Please bring an overnight bag in case you need hospital admission after review

**You can telephone for advice if you are unsure:**

**AMU Reception – 0131-242 1422**

**Ambulatory Care Clinic – 0131-242 1297**