

Headache

Observations/NEWS on TRAK

Read Patient Alerts



- ☒ Temperature
- ☒ Pulse
- ☒ Blood pressure
- ☒ Respiratory rate

- ☒ Oxygen saturations (on air or O2 %)
- ☒ Blood glucose
- ☒ GCS
- ☒ **PAIN SCORE**

Investigations

Discuss with senior staff, not all patients will require all investigations

Consider:

- IV access
- Admission bloods (as per order set): FBC, U&E, LFTs (CRP if signs of infection)
- CT head – Check for signs of trauma.

Treatments

Consider:

- Analgesia - oral or intravenous depending on pain severity score



If Migraine sounding: e.g. aura, nausea, visual disturbances

Consider:

- High flow oxygen
- High dose aspirin 900mg
- Sumatriptan

Red Flags

- **Altered conscious level:** Not fully alert. Either responding to voice or pain only or unresponsive.
- **Signs of meningism:** Classically a stiff neck together with headache and photophobia.
- **Abrupt onset:** Onset within seconds or minutes. May cause waking from sleep
- **Recent head injury:** Ensure CT head proforma completed if injury within 24 hours.
- **Pregnancy:** Check urine and BP
- **Post-partum:** Still at risk for pre-eclampsia/eclampsia.
- **Non-blanching rash:** A rash that does not blanch (go white) when pressure is applied to it.
- **Purpura:** A rash on any part of the body that is caused by small haemorrhages under the skin. A purpuric rash does not blanch (go white) when pressure is applied to it.
- **Acute complete loss of vision:** Loss of vision in one or both eyes within the preceding 24 hours that has not returned to normal.

Patient Presentation Cards			Version 1	Page 1 of 1		
Document: PPC's	Published Date: 07/08/2025	Review Date: 07/02/2026	Author: Dr G Pickering, H Godfrey, C Hughes			