**SYMPTOMS AND LABS**

**New** onset headache with rapidly increasing severity OR headache associated with focal neurological complaint (double vision, blurry vision, weakness, poor balance or vomiting)

**EXAM:** papilledema, cranial nerve palsy, focal weakness, ataxia, fever or meninigismus

**SUGGESTED PREVISIT WORKUP**
Contact pediatric neurology and anticipate sending patient to Emergency Department for neuroimaging +/- lumbar puncture

MRI brain is the preferred imaging study

**SUGGESTED EMERGENT CONSULTATION**

**HIGH RISK**

**SYMPTOMS AND LABS**

Patient with signs and symptoms of headaches that are not clear migraine or tension headache

**OR**

there is not a positive family history

**OR**

there has been a suboptimal response to initial therapies

**EXAM:** Patient has a NONFOCAL normal neurological exam without papilledema

**SUGGESTED WORKUP**
Referral to pediatric neurology and patient will be seen in 2 weeks.

Imaging often not required

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

**MODERATE RISK**

**SYMPTOMS AND LABS**

Patient with clear signs and symptoms of episodic migraine or tension headache with positive family history and displays expected response to NSAIDs, triptans or other pain relievers

**EXAM:** Patient has a NONFOCAL normal neurological exam without papilledema

**SUGGESTED MANAGERMENT**

Address LIFESTYLE risk factors for headache (see below) and consider trial of supplements.

- Magnesium oxide 400 mg QD* AND Riboflavin 100 mg QD* OR CoEnzyme Q10 200 mg QD*
  - *recommend decrease dose by 50% for age less than 8 years

**LOW RISK**

**SYMPTOMS AND LABS**

Patient with clear signs and symptoms of episodic migraine or tension headache with positive family history and displays expected response to NSAIDs, triptans or other pain relievers

**EXAM:** Patient has a NONFOCAL normal neurological exam without papilledema

**SUGGESTED ROUTINE CARE**

**CLINICAL PEARLS**

- 80-90% of children diagnosed with migraine have a positive family h/o migraine headaches, often in a parent
- Migraine is common affecting 3% of 3-7 year olds, 4-11% of 7-11 year olds and 8-23% of 11-15 year olds
- Migraine is frontotemporal in location; unilateral or bilateral; moderate to severe in intensity; increases in severity with activity; associated with nausea/vomiting OR photo/ phonophobia; resolves often after sleep; can be associated with aura prior to headache onset
- Tension headache is bilateral in location, mild to moderate in intensity, NOT aggravated by activity; NOT associated with nausea/vomiting or photo/phonophobia

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*These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.*