

# Randall Children's Hospital

## Co-Management and Referral Guidelines Initial Evaluation and Management of Headache

### Randall Children's Neurology

Phone: 503-413-3600

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#### Introduction

- Recurrent headaches occur in one-third to one-half of children and adolescents. These headaches occur daily or nearly every day in 2–6 percent of children.
- Secondary headaches are rare in children (caused by an underlying process like tumor or aneurysm).
- Tension-type headaches and migraines are the most common primary headache disorders. Migraine patients are more likely to seek care.
  - Migraine is the most likely diagnosis for a recurrent headache that is severe, only temporarily disabling, and associated with a stable pattern and normal physical exam.
  - Chronic tension-type headaches or chronic migraines are most likely when the headaches occur more than 15 days per month.
- Unlike in adults, pediatric migraine can be bilateral and brief (< 1 hour). Young children may have more prominent vomiting and abdominal symptoms. Photophobia and phonophobia may not appear until the teenage years.

#### Evaluation and Management

##### History

- A detailed history should be elicited, including headache onset; frequency; impact on activities; pain quality, location and duration; associated features, including aura; frequency and doses of medications.
- Family history should be sought, including headache history.
- Look for **RED FLAGS**: very young age (< 5 years), systemic symptoms (fever, weight loss), progressive worsening over time, postural/positional headache, precipitation by alsalva or exertion, headache primarily awakening patient from sleep.
- **Review lifestyle practices**: regularity of meals, hydration, caffeine intake, sleep habits, exercise, stressors.
- **Take a careful and private social history. Adverse experiences in childhood (eg physical, sexual, or emotional abuse; financial stress; parental divorce; death; mental illness; addiction) predispose to headaches.**
- Keep a headache diary to obtain accurate history on frequency, disability and medication use.

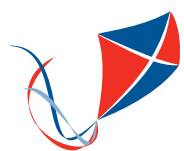
##### Exam

- Standard general and neurologic exam
- Blood pressure
- Head circumference
- Stigmata of neurocutaneous disease
- Fundoscopic exam for papilledema

##### Diagnostic Testing

- Imaging might rule out secondary headaches, but does not diagnose primary headaches.
- Neuroimaging is **not** routinely indicated. Consider imaging if there is a(n):
  - Abnormal neurologic exam
  - Change in the character or frequency of preexisting headaches or recent onset of severe headache
  - Associated features that suggest neurologic dysfunction, e.g., seizures

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- MRI is generally preferred over CT scan.
  - If imaging for suspected idiopathic intracranial hypertension (aka pseudotumor cerebri), include MRV.
- LP for idiopathic intracranial hypertension — call for guidance

### Treatment

- Encourage healthy habits.
- Consider biofeedback, relaxation techniques, cognitive behavioral therapy.
- Acute treatment:
  - Rest or sleep in dark, quiet room
  - **See Headache Medication Sheet:**
    - » Ibuprofen (often underdosed)
    - » For migraines: triptans (rizatriptan and zolmitriptan have orally disintegrating tablets for children > 6 years of age)
    - » For nausea and vomiting with migraines: prochlorperazine, promethazine, metoclopramide), ondansetron
- Avoid narcotics.
- Consider daily prophylactic medication if at least 4 headache days per month. There is a high placebo response rate in pediatric migraine. — **See Headache Medication Sheet.**
- Avoid medication overuse.

### When to refer

- Complicated migraines, diagnostic uncertainty
- Headaches not responding to treatment
- Parental reassurance

### Referral process

#### Randall Children’s Neurology

**To make a referral**, refer via Epic or **fax the Randall Children’s Hospital–Specialty Referral form** to **503-413-2419** (Oregon) or **360-487-1033** (Washington).

**For urgent referrals, call Legacy One Call Consult & Transfer: 1-800-500-9111** to speak to the on-call pediatric neurologist.

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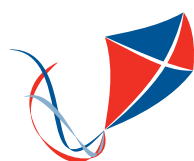
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### Additional Resources

- Babineau S.E., Green M.W. Headaches in children. *Continuum: Lifelong Learning Neurology* 2012;18:853–862.
- Gladstein J. Pediatric Headache. *Current Treatment Options in Neurology* 2006; 8:451–456.
- Hershey A.D., Gladstein J., Winner P. Chronic daily headache in the pediatric population. *Current Treatment Options in Neurology* 2007; 9:14–22. <http://www.ncbi.nlm.nih.gov/pubmed/17288885>
- Szperka C. Headache in Children and Adolescents. *Continuum* 2021;27:703-731.

Updated March 2023

Find this and other co-management/referral guidelines online at: [legacyhealth.org/randallguidelines](https://legacyhealth.org/randallguidelines)



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