

## CHN HEADACHE FOLLOW UP HISTORY:

### History of Present Illness

\_year old\_ presents for headache follow-up.

### Interim Headache History:

Last visit: \_

Headache frequency: \_

Headache severity range (1-10): \_

Current headache prevention plan and effectiveness: \_

Current headache rescue plan and effectiveness: \_

Medication overuse: \_

### Headache history

Provocation with onset (fever, illness, trauma, menses, other): \_

Location: \_

Severity range (1-10): \_

Quality: \_

Effect of activity on headache: \_

Sensitivity to light: \_

Sensitivity to sound: \_

Nausea: \_

Vomiting: \_

Average headache frequency in past three months: \_

Duration of headache range: \_

### Aura or secondary headache symptoms:

Visual changes: \_

Sensory changes: \_

Speech changes: \_

Strength changes: \_

Hearing changes: \_

Balance changes: \_

### Unilateral autonomic changes:

Ptosis: \_

Eyelid swelling: \_

Conjunctival injection: \_

Tearing of one eye: \_

Sweating of the forehead: \_

Pupil dilation unilaterally: \_

### Red flag symptoms:

Wakes the patient out of sleep repeatedly: \_

Associated with substantial periods of confusion: \_

Associated with excessive vomiting: \_

Progressive frequency: \_

### Current lifestyle habits:

Hydration: Ounces of fluids per day: \_. Caffeine consumption: \_. Artificial sweeteners consumption: \_

Exercise: Aerobic activity: \_ times per week for \_ minutes

Sleep: The patient is sleeping from \_ to \_ on weekdays. The patient is sleeping from \_ to \_ on weekends.

Diet: The patient is \_ skipping any meals.

Psychosocial stressors: \_

Substance use: \_

#### HIT-6 Questionnaire

Never = 6 Rarely = 8 Sometimes = 10 Very often = 11 Always = 13

1. When you have headaches, how often is the pain severe? \_

2. How often do headaches limit your ability to do usual daily activities including household work, work, school, or social activities? \_

3. When you have a headache, how often do you wish you could lie down? \_

4. In the past 4 weeks, how often have you felt too tired to do work or daily activities because of your headaches? \_

5. In the past 4 weeks, how often have you felt fed up or irritated because of your headaches? \_

6. In the past 4 weeks, how often did headaches limit your ability to concentrate on work or daily activities? \_

Total Score: \_

Class I: 36-49, Class II: 50-55, Class III: 56-59, Class IV: 60 and more.

#### Medications for headache:

Current headache abortive plan: \_

Abortive medication frequency: \_ days per month

Medication overuse: \_

Prior abortive medications include: \_

Current headache preventative plan: \_

Prior preventative medications include: \_

Current complementary therapies: \_

Prior complementary therapies: \_

#### **If not previously documented, can consider:**

##### **Birth History**

*The patient was born via full term, vaginal delivery with no complications. Neurologic development was normal.*

##### **Past Medical History**

*History of head trauma or concussion: \_*

*History of depression, anxiety, or mental health disorder: \_*

*History of obesity: \_*

##### **Family History**

*There is \_ a family history of headaches.*

*Maternal Side: mom\_, mgm\_, mgf\_, maunt\_, muncle\_, mcousin\_.*

*Paternal side: dad\_, pgm\_, pgf\_, paunt\_, puncl\_, pcousin\_.*

*There is \_ history of brain tumor, inherited clotting disorders, or multiple cerebral brain aneurysms*

##### **Social History**

*The patient is in \_ grade.*

*They live with \_*

*Smoking/tobacco exposure at home \_*

##### **Diagnostic Studies:**

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**ASSESSMENT:**

Tension Type Headache – bandlike or diffuse, tightening or pressing, mild to moderate intensity without a need to rest

- Episodic tension type headache (<15 days/month), not intractable (G44.219)
- Chronic tension type headache (>15 days/month), not intractable (G44.229)

Migraine Without Aura – frontal or unilateral, throbbing, moderate to severe intensity, need to lie down, with photo/phono, nausea/vomiting

- Migraine without aura (<15 days/month), not intractable, without status migrainosus (G43.009)
- Chronic migraine without aura (>15 days/month), not intractable, without status migrainosus (G43.709)

Migraine With Aura – as above for migraine but with presence of visual, sensory, speech, or motor symptoms at onset lasting 5-60mins

- Migraine with aura (<15 days/month), not intractable, without status migrainosus (G43.109)
- Chronic migraine with aura (>15 days/month), not intractable, without status migrainosus (G43.E09)

**For providers:**

*Most pediatric patients with headaches will have one of the diagnoses above. Please use other diagnoses if needed.*

*Rizatriptan dosing: 5mg if >6yo and <40kg; 10mg for >40kg*

*Ibuprofen dosing: 10mg/kg; max 600mg/dose*

*Neuroimaging: indications including abnormal neurologic examination and a headache repeatedly waking child from sleep, resulting in substantial confusion or emesis, a lack of family history of headache, or a family history of first-degree relative with primary brain tumor or multiple cerebral brain aneurysms*

*-MRI brain (without contrast is preferred test)*

*-MRA or MRV brain (without contrast to be considered for vascular or coagulopathy concerns)*

*-Other Testing \_*

**CHN HEADACHE PLAN:**

**Migraine in Children and Adolescents**

- Migraine is one of the most common forms of headache seen in children and adolescents, affecting between 15-25% of children and adolescents. 3 of 4 patients with migraine have a family member that also has headache.
- Some children have an aura, meaning a temporary neurologic symptom associated with the migraine: most often visual changes like dark or bright spots, but also can include sensory changes (tingling), speech changes, or weakness.

<b>Major Criteria</b> (at least 2 of the following symptoms)	<b>Minor Criteria</b> (at least 1 of the following symptoms)
Across the front of the head or on one side	Light sensitivity
Throbbing, pounding, or pulsating quality	Sound sensitivity
Moderate to severe intensity	Nausea
Worse with activity or relieved with rest	Vomiting

**What to do every day to reduce my headaches**

- Fluids: \_\_\_ounces per day, none with caffeine or artificial sweeteners.
- Exercise: 5-7 times a week for 30-60 minutes of aerobic activity (running, biking, swimming)
- Sleep: 8-12 hours each night with no more than a two-hour shift in sleep/wake times, no naps
- Diet: 3 healthy meals a day plus snacks if needed
- Screens: Take rest breaks with prolonged use (i.e. 30 min on, 5 min break), avoid screens 1h prior to bedtime
- Participation: Do not avoid activities because of headache, this helps your brain learn to react less to pain

- Distract yourself: When you have pain, do something you enjoy to help not focus on the pain
- Don't ask or talk about pain, no "check ins" (even talking or thinking about pain can activate your pain receptors!)

**What to work on to reduce my risk factors for migraine:**

- Nutrition and body weight – if needed, work with a dietician, family member, or your provider to get your body mass index to a healthy range
- Alcohol, tobacco, and substance use - avoid all alcohol and substances like marijuana, vaping, and other drugs
- Mood - if you have symptoms of depressed or anxious mood, let your doctor or provider know and get some additional help from a counselor or psychologist so you can feel better

**Take the following medication every day to prevent headache:**

- Coenzyme Q10 - 200mg once daily for at least four consecutive months (amazon.com)

**What to do when a headache is just starting or increasing in intensity (ideally at the first sign of a headache):**

- For all headaches, drink a sports drink like Gatorade or Powerade. Drink 8-12oz quickly every time you get a headache. Do not buy sports drinks with artificial sweeteners and reduced calories like G2, Propel, or Zero.

**Preferred options and dosing for acute rescue medications include either:**

Ibuprofen (Motrin, Advil)

- Ibuprofen (max 600mg/dose). Take \_\_\_mg every 6 hours as needed. Avoid using Ibuprofen more than 3 days per week or 15 days per month to prevent medication overuse.
- If headache is still present one hour after initial ibuprofen dose, take rizatriptan as below.

Rizatriptan (Maxalt)

- Rizatriptan (max 10mg/dose). Take \_\_\_mg with onset of headache. You may repeat rizatriptan once in 2 hours as needed if headache persists (max 2 doses per 24 hours). Avoid using rizatriptan more than 2 days per week or 10 days per month to prevent medication overuse.

If a headache lasts longer than two days, please contact our office to coordinate further evaluation and care.

If your child has a headache for longer than 72 hours and the above treatment failed, go to the nearest Emergency Department for the following protocol:

**Emergency Department Protocol for Status Migrainosus (migraine > 72 hrs.)**

1. Please administer the following three therapies in rapid succession:
  - a. Normal Saline IV bolus 20 ml/kg to maximum 1 Liter
  - b. Ketorolac (Toradol) 0.5mg/kg IV, max 30mg/dose
  - c. Prochlorperazine (Compazine) 0.1 mg/kg IV, maximum 10 mg/dose.
2. If no Prochlorperazine is available, substitute Metoclopramide (Reglan) 0.3 mg/kg, maximum 20 mg/dose.
3. If patient develops an acute dystonic reaction, give IV diphenhydramine 1mg/kg, maximum 50mg/dose. Do not give diphenhydramine for restlessness, agitation, or preventatively because it will reduce the likelihood of efficacy of the anti-emetic and increase the chance of rebound headache in the following day.
4. If the above infusion of saline, ketorolac, and anti-emetic does not abort the headache to a goal of 0/10, give valproate sodium (Depakote) 20mg/kg IV pushed over 10mins to a max of 1000mg. If this is effective, discharge home on Depakote ER 20mg/kg divided BID (max 500mg BID) to be started within 4 hrs. of discharge and continued for 2 weeks.
5. If both steps above do not abort the headache completely, admit for IV dihydroergotamine (DHE) at Children's Hospital in Washington DC. Please call 202-476-5000 and ask for the neurology fellow on call if you wish to pursue this option or have additional questions.

**Diagnostic Testing** - Notify your provider once completed to notify them the test was done.

**Follow up based on your clinical needs in \_**