

Headache Pathway

Clinical assessment / management tool for Children with Headache

Management – Primary Care and Community Settings

Green – Low risk

Headache history and examination consistent with common childhood headache types

WITHOUT RED or AMBER features

- Tension type headache
- Migraine (see below)



Green Actions

- Provide and discuss [patient advice sheet](#)
- Advise a routine optician appointment
- Simple headache advice as per advice sheet
- Keep analgesia use to a minimum (less than 3 days a week)
- Explore psychosocial factors/ stressors ([HEADSSS screen](#) if >10 years old)
- Encourage parents/child to keep a headache diary; follow up to review

[Migraine](#) in Children (7 years +)

Often bilateral and frontal with shorter attacks than adults. Headache can be minor (even absent) with abdominal pain and/or vomiting

- Treat with paracetamol or Ibuprofen **plus** antiemetic (cyclizine or prochlorperazine).
- Use nasal tryptan, second line (**not** for hemiplegic migraine)
- Prophylaxis (propranolol **not** pizotifen) is rarely needed – **refer**. **Can** consider riboflavin trial whilst awaiting review.

Amber – Intermediate risk

Recurrent or progressive headaches unresponsive to initial advice/treatment

WITHOUT RED features.

Using analgesia more than 3 days a week for more than 3 months (Medication Overuse Headache)

Psychological factors that interfere with management



Amber actions

- Provide and discuss [patient advice sheet](#)
- Ensure all Green actions completed
- Seek advice from/make routine referral to [local general paediatric team](#)
- Refer to local [CAMHS team](#) or youth counselling charity if significant psychological factors and [provide resources](#)

*[Examination red flags](#)

- **Abnormal growth parameters**
- **Signs of early or delayed puberty**
- [High blood pressure \(use age centiles\)](#)
- **Head tilt/torticollis**
- **Focal neurological deficits –limb weakness, cranial nerve palsies**
- **Visual loss, papilloedema**
- **Ataxia/ motor regression in a younger child**

Red – High risk

Any examination red flags*

Severe, sudden onset, incapacitating headache that doesn't respond to simple analgesia

Signs of meningism (neck stiffness, photophobia, vomiting)

Impaired level of consciousness or associated confusion, disorientation or seizure

New neurological deficit or symptoms such as weakness/ loss of balance / co-ordination problems / head tilt or gait abnormalities

Persistent blurred/double vision or new squint

Persistent vomiting/nausea, especially if early morning (occurring on most days for 2 or more weeks)

Child age < 4 years (Headache in this age group is very unusual and may indicate serious underlying pathology)

Waking the child from sleep; unable to return to sleep

Brought on by coughing or straining

Change in personality / behaviour. Decline in academic performance or regressing milestones



Red actions

- If suspected meningitis, stroke or intracranial bleed: arrange urgent ambulance transfer and alert Children's Emergency Department.
- For other red features: discuss immediately with [local paediatrician on call](#) to consider same day or urgent outpatient assessment