

Headache

Pre-Referral Considerations:

1. Consider medication overuse (NSAIDs, opioids, barbiturates and benzodiazepines)
2. Caffeine withdrawal
3. New medications (stimulants, vasodilators)
4. Obstructive sleep apnea
5. Vision changes
6. Immunodeficiency
7. Systematic illnesses (uncontrolled BP, Celiac disease, allergies, rheumatologic)
8. If migraine headaches, should try prior to referral:
 - a. Abortive therapy
 - i. Sumatriptan
 - ii. Rizatriptan
 - b. Preventative
 - i. Beta-blocker (propranolol, atenolol)
 - ii. Antidepressant (nortriptyline, amitriptyline)
 - iii. Antiseizure medications (valproate, topiramate, gabapentin)
9. Please list all prior medications tried including abortive and preventive medications in referral narrative

Red Flags: Consider imaging, alternate referral or emergent referral (less likely migraine or tension headache)

1. New onset headache after age 45
2. Any recent change in the character of symptoms
3. If headache was sudden in onset and described as “worst headache of my life”
4. Any focal neurological deficits with headaches
5. History of birth control pills and smoking
6. History of head injury or traumatic brain injury/concussion



Lab Studies:

1. Order ESR/CRP if history is suggestive of temporal arteritis and age >50
2. Consider including other labs including CBC, BMP, TSH

Imaging Studies:

1. Please send images (CD) if any imaging study such as CT or MRI brain or any vascular study such as CTA available
2. If patient has sudden onset of severe headache, consider ordering CTA brain; otherwise, can wait for neurological consultation

What to Avoid Ordering:

Don't order CT brain, MRI brain, EEG if have not been done except as mentioned above.

Comments:

Unnecessary testing should be avoided; however, if a primary care provider has a high index of suspicion of a specific diagnosis that merits further testing, appropriate pre-referral testing could be ordered.