Children's of Alabama

UAB MEDICINE PEDIATRICS

PCP Headache Referral Checklist

Patient Name: _____ **DOB:** _____

STOP

Before you refer your patient for ***tertiary headache management***, please be sure you have tried some of these evidence-based ***primary headache care*** strategies as recommended in the AAN/ AHS Practice Guideline: Acute Treatment of Migraine in Children and Adolescents. You can access the recommendations using QR code to the right.

Red flags: PCP should consider imaging and/ or Emergency Department referral for any worrisome features:

- Focal neurologic deficit
- Altered mental status (AMS), fever (>100.4°), neck rigidity
- Sudden severe (thunderclap) headache
- Papilledema (optic nerve selling)
- Headaches waking child from sleep

Please call UAB Pediatric Neurology at 205.638.2551 if advice or urgent referral is needed.

Please include relevant ophthalmology, MRI/CT or lab reports with your faxed referral form.
Required for all headache types (migraine, tension, chronic daily headache, autonomic cephalgias, etc.)

I am referring this patient for *tertiary headache management* because…

☐ These special circumstances are present (**must check at least one**):

- ☐ There are other neurological issues/concerns besides headache (e.g., seizures, delays)
- ☐ Headaches were due to a concussion **(please refer to Sports Medicine first)**
- ☐ Headache triggered by exertion, position change, cough, strain, or Valsalva
- ☐ History of pregnancy, malignancy, immune compromise, NF or café-au-lait lesions
- ☐ Headaches are associated with one-sided visual, motor or sensory changes
- ☐ Headache associated with systemic symptoms (weight loss, muscle/joint pain, rash)
- ☐ Chronic daily headache (more than 15 headache days a month)
- ☐ High disability - has missed more than 5 days of school within the past 3 months
- ☐ Has been to the Emergency Department 2 or more times in the past 3 months
- ☐ If none of the above, please specify:_____

☐ The patient has tried and failed appropriate doses of acute medicines (**check all that apply**):

- ☐ NSAIDs: acetaminophen, ibuprofen, naproxen, other: _____
- ☐ Antiemetics: ondansetron, prochlorperazine, promethazine, other: _____
- ☐ Triptans: rizatriptan, sumatriptan, naratriptan, other: _____
- ☐ *(Not Recommended)* OTC combos: Excedrin, Goody's, other: _____
- ☐ *(Not Recommended*) Opioids, tramadol, butalbital, other: _____

☐ The patient has tried and failed appropriate prevention strategies (check all that apply):

- ☐ Lifestyle changes – refer patient to the **headachereliefguide.com** using QR →
- ☐ CBT or psychotherapy
- ☐ Daily vitamin(s) or preventative medicine(s) (which, doses, how long?)

_____

Referring Physician/CRNP Signature: Date:
(***if CRNP, the collaborating physician's signature is required***)

A guide to lifestyle modification and acute medication dosing is included on page 2

Be sure to complete and sign the Headache Checklist form before faxing it with your referral.

Table 1 Acute Medicines[1]

Medication	Form	Dosage	Maximum dose	Frequency	Formulations	Side effects
NSAIDs						
Ibuprofen (Motrin®/Advil®)	PO	10 mg/kg/dose	400-800 mg. Maximum daily dose 1200 mg / 24 hours	Q 6-8 hours	Chew: 100 mg Tab: 200 mg Syrup: 100 mg/5 ml	GI bleeding, GI Ulcers, decreased platelet function
Naproxen (Aleve®/Naprosyn®)	PO	5-7 mg/kg/dose	250-500 mg. Maximum daily dose 1000 mg / 24 hours	Q 8-12 hours	Susp: 125 mg/ml Tab: 220, 250, 375, 500 mg.	
Acetaminophen (Tylenol®) (oral)	PO	10-15 mg/kg/dose	650-1000 mg. Do not exceed 5 doses in 24 hours; maximum daily dose (oral or rectal): 75 mg/kg/day not to exceed 4000 mg / 24 hours	Q 4-6 hours	Susp: 160 mg/5 ml Tab: 80, 325, 500 mg	Hepatic toxicity
Acetaminophen (Tylenol®) (rectal)	PR	10-20 mg/kg/dose	650 mg. Do not exceed 5 doses in 24 hours; maximum daily dose (oral or rectal): 75 mg/kg/day not to exceed 4000 mg / 24 hours	Q 4-6 hours	Rectal: 60, 120, 325, 650 mg	Hepatic toxicity
Antiemetics*						
Ondansetron (Zofran)	PO	0.1 mg/kg/dose	8 mg	Q 6-8 hours	Syrup: 4mg/5mL Tab: 4, 8 mg ODT: 4, 8 mg	Blurred vision, dizziness, drowsiness, anxiety or agitation, tachycardia
Prochlorperazine (Compazine®) (oral)	PO	0.1 mg/kg/dose	10 mg	Q 6-8 hours	Syrup: 5mg/mL Tab: 5,10,25 mg	Blurred vision, akathisia, dystonic reaction
Prochlorperazine (Compazine®) (Rectal)	PR	0.1 mg/kg/dose	10 mg	Q 6-8 hours	Rectal: 2.5, 5,10 mg	Blurred vision, akathisia, dystonic reaction
Promethazine (Phenergan®) (Oral)	PO	0.25 to 1 mg/kg/dose	25 mg	Q 4-6 hours	Syrup: 6.25mg/5 ml, 25 mg/5 mL Tab scored: 12.5, 25, 50 mg	Blurred vision, akathisia, dystonic reaction
Promethazine (Phenergan®) (Rectal)	PR	0.25 to 1 mg/kg/dose	25 mg	Q 4-6 hours	Rectal: 12.5, 25, 50 mg	Blurred vision, akathisia, dystonic reaction
Antihistamines						
Diphenhydramine (Benadryl®)	PO	0.5 mg/kg/dose	50 mg	Q 6 hours	Syrup: 12.5mg/5mL Tab: 25, 50 mg	Nausea, blurred vision, xerostoma

*Be sure to administer diphenhydramine with dopamine-blocking anti-emetics to minimize risk of akathisia and dystonic reactions

Acute Treatment Strategies (key points to consider)

- A summary of the 2019 AAN/AHS Practice Guideline Update for the Acute Treatment of Migraine in Children and Adolescents is available at: https://www.aan.com/Guidelines/Home/GetGuidelineContent/970
- Treat headaches before they become severe (within 15 minutes of onset)
- Use an adequate weight-based dose of appropriate medicine(s) (see Table 1)
- Limit to 2-3 days a week to avoid overuse, harm to stomach, liver or kidneys
- Be sure student has permission to take meds at school using the PedMAP https://headachejournal.onlinelibrary.wiley.com/doi/10.1111/head.13681 or https://www.alsde.edu/sec/pss/Health%20Documentation/PPA%202019.pdf
- Refer youth to www.headachereliefguide.com for lifestyle and management.

Table 2 PedMAP Headache Toolbox[2]

Tools for life	
Children and adolescents with headaches need to learn how to manage life with headaches at home, at school and with friends.	
Cognitive Behavior Therapy (CBT)	CBT teaches you new ways of thinking about pain and new ways of responding to it by setting goals, pacing activity, and using your brain to turn down your body's pain response. Visit http://www.findcbt.org/FAT/ to learn more about CBT and find a therapist.
Biofeedback	A machine uses sensors to measure your stress level and a computer screen shows you how your stress level changes as you practice different stress-reducing exercises. Visit https://www.bcia.org to learn more about biofeedback and find a therapist.
Tools for home	
Your brain works best when it knows what to expect. Keeping your brain in balance can prevent more migraines. Visit https://www.healthychildren.org for advice on healthy living and www.headachereliefguide.com to make a plan.	
Hydration	Drink enough water to make your urine pale. Drink more water when it's hot outside and before, during and after you exercise. Avoid drinks with caffeine and added sugar.
Food	Don't skip meals. Choose fresh fruits, vegetables, whole grains, and lean protein when you can. Avoid foods high in salt, sugar or corn syrup, or with many chemicals listed on the label.
Sleep	Teens need 8-10 hours and pre-teens need 9-12 hours of sleep each night. Keep a regular schedule. No electronics 30 minutes before bedtime. Report snoring or breathing difficulty.
Exercise	Try to exercise every day. To lose weight, you need 20-30 minutes of activity strong enough to make you sweat. Be sure to warm up first and don't exercise past the point of pain.
Emotions	Stress is part of life and learning to deal with it is important for growth. Learn and practice positive coping strategies. Avoid over-scheduling and allow some downtime to de-stress.
Tools for school	
Students with headaches can struggle to focus and may take longer to finish their schoolwork. This added stress can lead to more headaches and even more frequent absences. Ask school officials to create an **Individualized Health Plan** or **504 Plan** using some of these strategies to combat the specific migraine symptoms that are preventing a student from functioning properly at school.	
Trigger Management:	• Allow student to keep a water bottle at his/her desk • Allow student to use restroom when needed • May need to eat a mid-morning and/or mid-afternoon snack • May need access to a quiet place to eat lunch with a companion • May need an anti-glare screen filter or paper copies of assignments • May need to use a rolling backpack or obtain a second/digital copy of books for home • Other: _____
Symptom Management:	• Allow student to go to nurse/health office as soon as his/her headache or aura starts • Allow student to rest for 30 minutes before returning to class • Allow light-sensitive student to wear dark glasses for a few hours when pain is severe • Allow noise-sensitive student to work in a quiet place (i.e., library) for a few hours when pain is severe • Allow a PE alternative (e.g., walking, stretching, yoga) when pain is severe • Other: _____
Workload Management:	• May need extended time to take tests or complete work when headache is severe • May need a copy of class notes/homework packet when absent or unable to concentrate • May need extra time to make up exams or assignments missed due to severe headache • Consult school psychologist to evaluate for suspected learning problems • Consider modifying assignments (fewer problems, test of mastery) or class schedule (half days, rest breaks, fewer classes) if returning to school after an extended absence • Other: _____

1. Used with permission from Turner, S., Koehler, A., Yonker, M., Foss, A., Jorgensen, J. & Birlea, M. (2017). Headache Clinical Pathway. Children's Hospital Colorado. Retrieved 5/30/19 at https://www.childrenscolorado.org/globalassets/healthcare-professionals/clinical-pathways/headache-clinical-pathway.pdf

2. From Turner, S.B., Rende, E.K., Pezzuto, T., Weaver, S., Henderlong-Kropp, A., Greene, K.A., Bicknese, A.R., Dilts, J.J., Gautreaux, J.R., Victorio, M.C.C., Strauss, L.D., Lagman-Bartolome, A.M., Szperka, C.L., Yonker, M., Hershey, A.D. and Gelfand, A.A. (2019), Pediatric Migraine Action Plan (PedMAP). *Headache: The Journal of Head and Face Pain, 59*: 1871-1873. doi:10.1111/head.13681