



SCHOOL NURSE *Spotlight*

Headache Tools for School Nurses

Scott Turner, DNP, FNP-BC

February 27, 2024



Children's
of Alabama®

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Disclosures



- I have no business ties or financial interests related to the material in this talk.



- I am funded by PCORI as a site PI for the REACH study (CBT + AMI vs. CBT alone)



- I will be discussing some off-label uses of medications, but all are evidence-based and I will clarify FDA-approval
-

Goals and Objectives



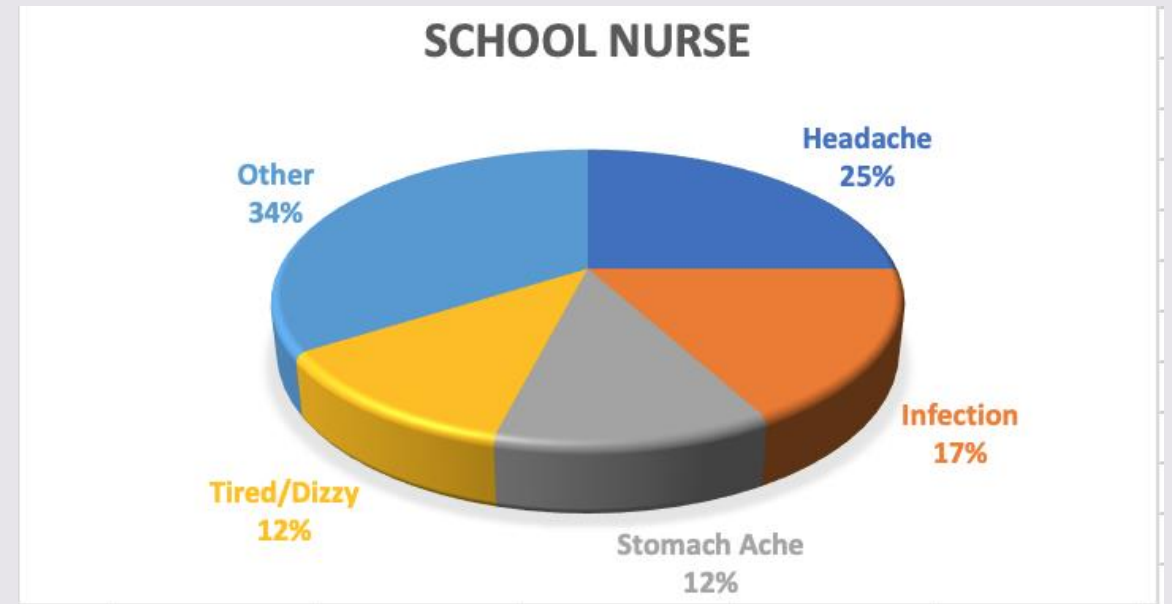
1. Identify youth with suspected headache disorders (migraine)
2. Facilitate student referral to PCP for diagnosis and action plan
3. Help students gain the tools they need to better manage migraine and avoid missing school

Headaches are common



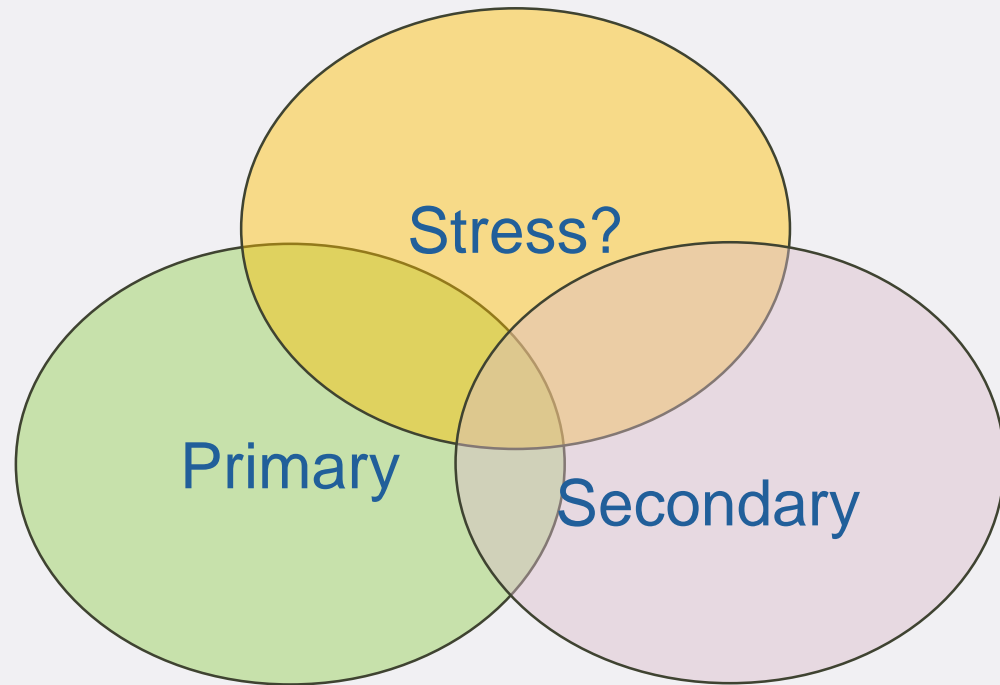
- More than 80% of school children interviewed reported having had a headache in the past year¹

- Headaches are among the most common reasons for students to visit the school nurse²



¹ Karaaslan et al., 2023; ² Schneider et al., 1995

Causes of Headache



- An excuse to get out of class?
Talk to someone who cares?
(stress/anxiety, social/emotional)
 - Due to a headache disorder
(primary headache)
 - A symptom of illness or injury
(secondary headache)
-
- The problem is that in many patients these causes often overlap

Causes of Headache

Primary Headache Disorders

- **Tension-Type Headache**
- **Migraine**
 - With aura (classic)
 - Without aura (common)
- **Trigeminal Autonomic Cephalalgia**
 - Cluster
 - Paroxysmal hemicrania
- **New Daily Persistent Headache**

Secondary Headaches

- **Infection** (virus, sinusitis)
- **Injury** (minor bump, concussion)
- **Structural** (tumor, hydro-, Chiari)
- **Intracranial Pressure**
 - High: pseudotumor (IIH)
 - Low: CSF leak (SIH), post-LP
- **Medication Overuse**

Tension-Type Headache

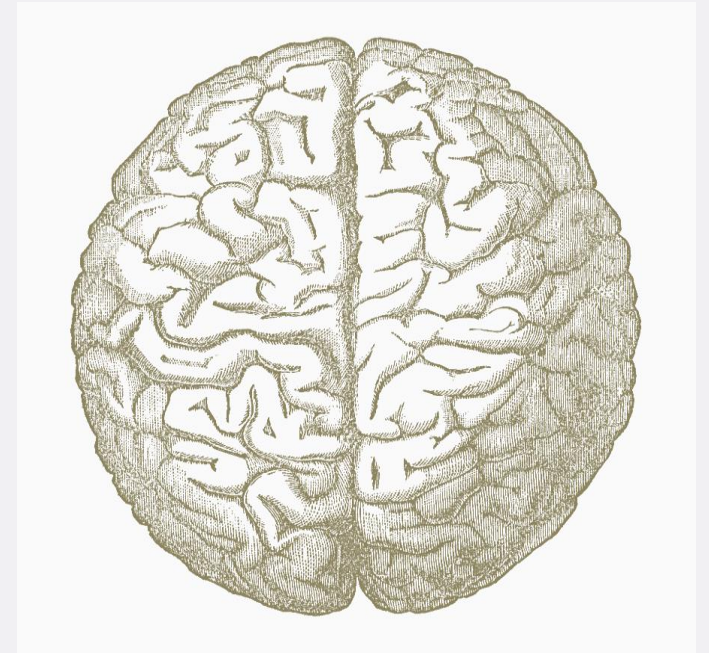
- Repeated attacks of similar headaches
- With at least **two** of the following features:
 - Bilateral location
 - Band-like or pressure quality
 - Mild to moderate pain intensity
 - Minimal light or sound sensitivity, **NOT** both
 - **NOT** accompanied by nausea or vomiting
 - **NOT** aggravated by routine activity



It's just a headache...

Migraine Disorder

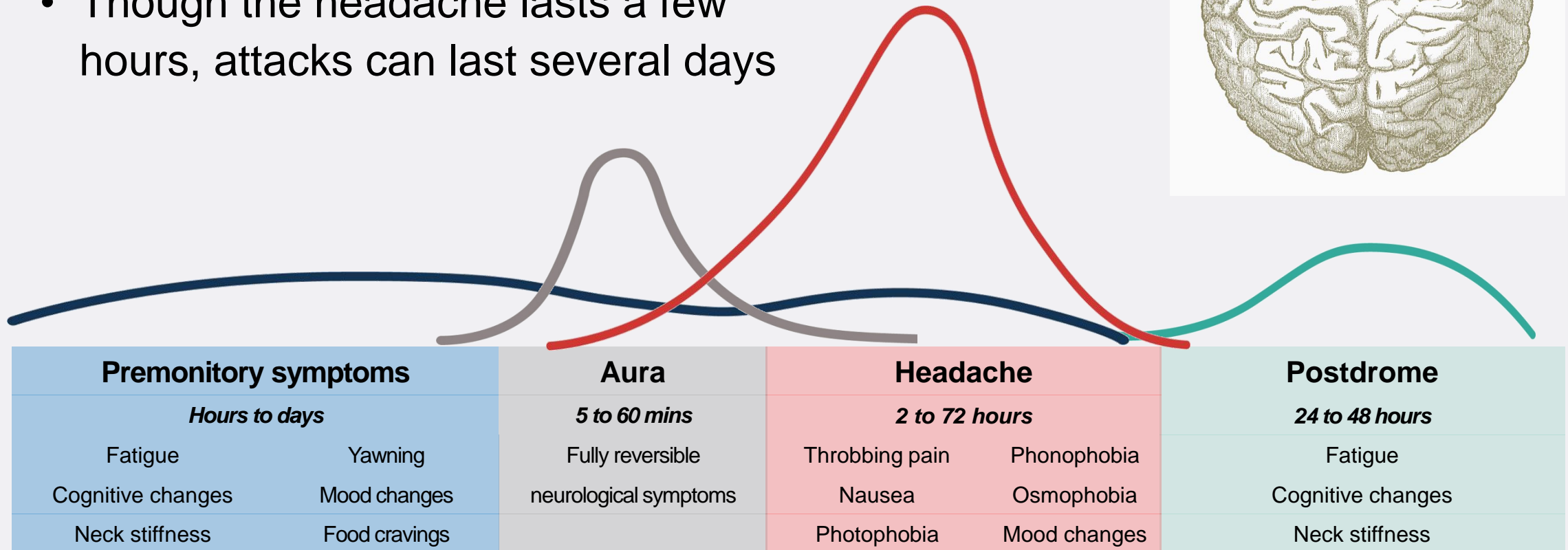
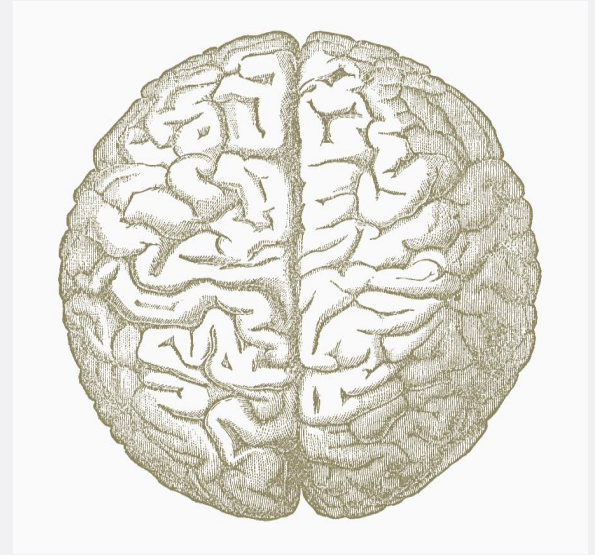
An **inherited neurologic disorder** characterized by **sensory, autonomic, vestibular, cognitive, and gastrointestinal** symptoms



*It's **NOT** just a headache...*

Migraine Attack

- Attacks occur in 4 phases
- Characterized by nerve hypersensitivity, autonomic, GI and vestibular symptoms
- Though the headache lasts a few hours, attacks can last several days



Migraine vs Tension-Type

Pattern of 5 or more attacks characterized by the following:		
Criteria	Migraine	Tension-type Headache
Duration	4-72 hours (2-72 in children)*	30 minutes – 7 days
Location	Unilateral (bilateral in children)	Bilateral
Description of pain	Pounding or pulsating (50% non-pulsating)	Pressing/Tightening NOT pulsating (exclusion criteria)
Pain intensity	Moderate-severe	Mild-moderate
Effect of physical activity	Aggravated by	NOT effected (exclusion criteria)
Light/sound sensitivity OR Nausea/vomiting	Both usually present	May have ONE, but NOT both
	May be present, but not required	NOT present (exclusion criteria)

Migraine in Youth

About 2-5% of preschoolers have migraine

- Look ill/pale, stop playing, seek out dark/quiet place
- Pain is poorly localized, gastrointestinal symptoms

About 9-10% of school-age youth have migraine

- May get dark circles under eyes, c/o frontal headache
- Light and sound hypersensitivity, nausea/vomiting

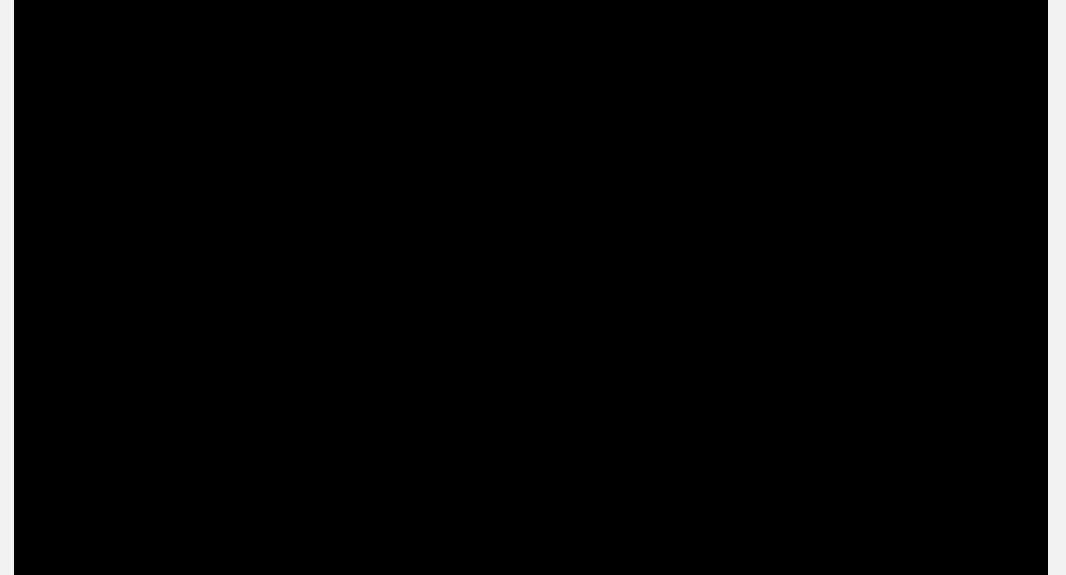
About 15-25% of high-schoolers have migraine

- H/A may be unilateral, hypersensitivity, autonomic s/s
- May experience aura



Migraine with Aura

- About 15% to 30% of adults
- Aura may occur before or during a headache but may also occur without headache
- Usually lasts 5 to 60 minutes
- Visual aura is most common but may also be sensory, speech/language, or motor



PEDIATRIC STROKE

Less common than adults, but as common as pediatric brain tumors.

Know the common symptoms of a stroke. There may be treatment if you act **F.A.S.T.**

The infographic is divided into four horizontal sections, each with a large letter in a colored box on the left, an illustration in the middle, and text on the right. The background colors are orange, green, red, and blue.

- F** FACE: Face Looks Uneven. Ask the person to smile. Does one side of the face droop? Illustration: A woman's face with red arrows pointing to drooping corners of her mouth.
- A** ARM: One Arm Hanging Down. Ask the person to raise both arms. Does one side drift downward? Illustration: A woman with one arm hanging down and wavy lines indicating numbness or weakness.
- S** SPEECH: Slurred Speech. Ask the person to repeat a simple phrase. Illustration: A woman with a speech bubble containing nonsensical characters.
- T** TIME: If you observe any of the signs... call 911 immediately. Illustration: A hand holding a smartphone with a green checkmark and '24hr' on the screen.

Hemiplegic Migraine

- **Fully reversible weakness** +/- speech or language difficulty
- Weakness develops gradually and spreads over 5 minutes
- Youth with **new** hemiplegic symptoms with or without migraine should be evaluated in the ED...**F A S T !**



Headache Assessment

Case 1: Dominic

9 y/o boy who comes to nurse's office complaining of headache...*again*.

1. What is the cause of his headache today?
2. What needs to be done to treat it?



Headache History

- *Have you ever had a headache like this before?*
- *Any recent illness or injury?*
- Pain Assessment (PQRST-U)
- Associated symptoms
 - Light or sound sensitivity
 - Nausea/vomiting, dizziness
 - Blind spots, weakness, difficulty speaking, confusion



Vital

- T: 37.8°C

BP: 110/70 mmHg

Headache

Headache History

Question	Answer
Who is this student?	
Where is the pain?	
What other symptoms?	
When did it start?	
Why did it happen?	
How has it affected you?	Put head down, sent to nurse



Vital Signs	Exam
- T: 98.2° F, HR: 98, BP: 116/76	Looks unwell, but normal exam

Pediatric Adolescent Migraine Screen

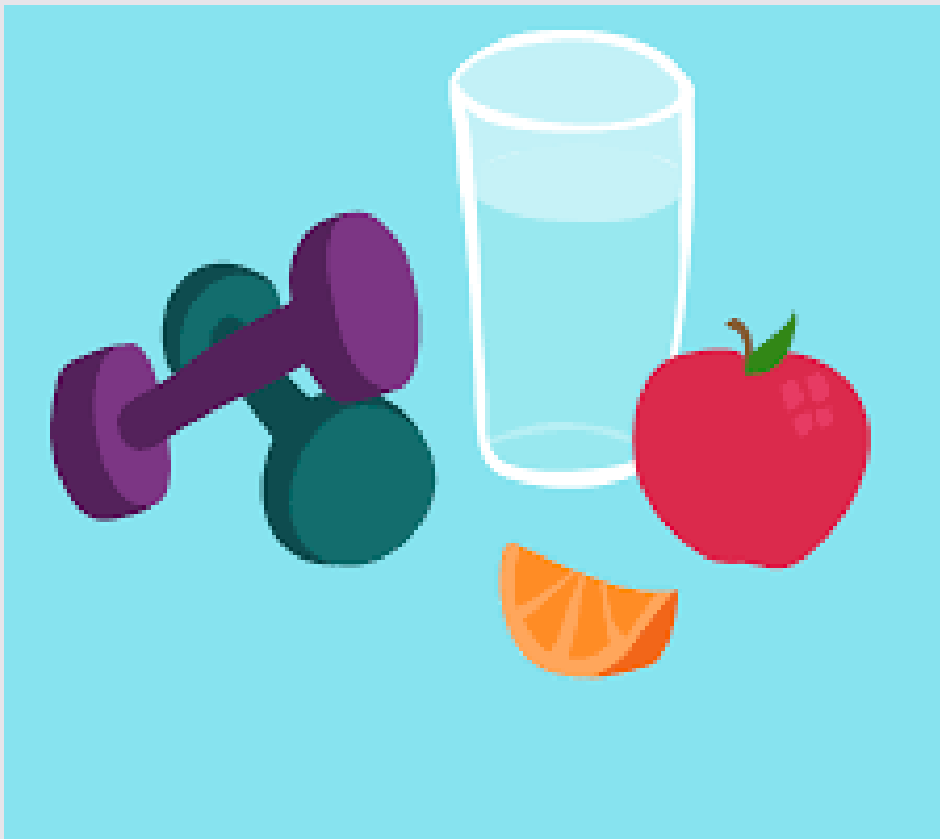
Under 12 years

- Would you rate the pain from your headache as bad or very bad?
- Does your head feel like it is pounding?
- Does your headache get worse if you walk, run or play?

12-18 Years

- Would you rate the pain from your headache as moderate or severe?
- Does your head feel like it is throbbing?
- Did you ever skip a school day, sports event, or other fun activity because your head hurt too much?

If a child had a similar headache in the past and answers “Yes” to any of the above questions, they are likely to have migraine. Further treatment may be necessary for migraine.



Migraine Treatment

Migraine Action Plan

- Prevention strategies
- Acute strategies
- Emergency plan
- Headache Toolbox




www.MySchoolNurse.net



Headache. 2019;59:1871-1873.

Pediatric Migraine Action Plan (PedMAP) Date: _____



Pediatric Migraine Action Plan (PedMAP): Headache Toolbox

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:	<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • 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: _____

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., Sperka, 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](https://doi.org/10.1111/head.13681)

Migraine Prevention

The screenshot shows the homepage of the HEADACHE Relief Guide website. At the top, there is a navigation bar with links for "medical providers", "about", "resources", and "login". The main header features the site's logo, "HEADACHE Relief Guide", with a lightning bolt icon. Below the logo, a central message reads: "MIGRAINE IN THE STORM. Headaches can be frustrating, scary and painful. This site can be your guide to headache relief." The page is divided into four vertical columns, each with a different background color and an icon representing a step: "LEARN" (orange background, brain with gears), "EXPERIENCE" (teal background, person with a headache), "CONTROL" (dark blue background, coffee cup and pills), and "PREPARE" (purple background, stethoscope and papers). Each column includes a "learn more >" button. A "Screenshot" label is positioned at the bottom center of the page. At the very bottom, the website URL "www.headachereliefguide.com" is displayed in purple text.

medical providers

about resources login

HEADACHE Relief Guide

MIGRAINE IN THE STORM
Headaches can be frustrating, scary and painful.
This site can be your guide to headache relief.

LEARN

Why do you get headaches?

learn more >

EXPERIENCE

Now you can show others how your migraines affect you.

learn more >

CONTROL

Take control of the pain.

learn more >

PREPARE

Are you ready for headache relief?

learn more >

Screenshot

www.headachereliefguide.com



Migraine Prevention

learn experience control prepare about

HEADACHE
Relief Guide

Balanced. Healthy. Relaxed.

learn more ▾

Headache Action Plan for Medical Providers

Want to Learn More?

Information for health care providers to learn more about the diagnosis and treatment of headaches.

learn more >

Fill out a New Action Plan

The Headache Action Plan can guide providers in the treatment of migraines for children 12-18 years old including medication recommendations, school accommodations, lifestyle management and a customizable headache calendar.

+ get started

LEARN

EXPERIENCE

CONTROL

PREPARE

Water

Sleep

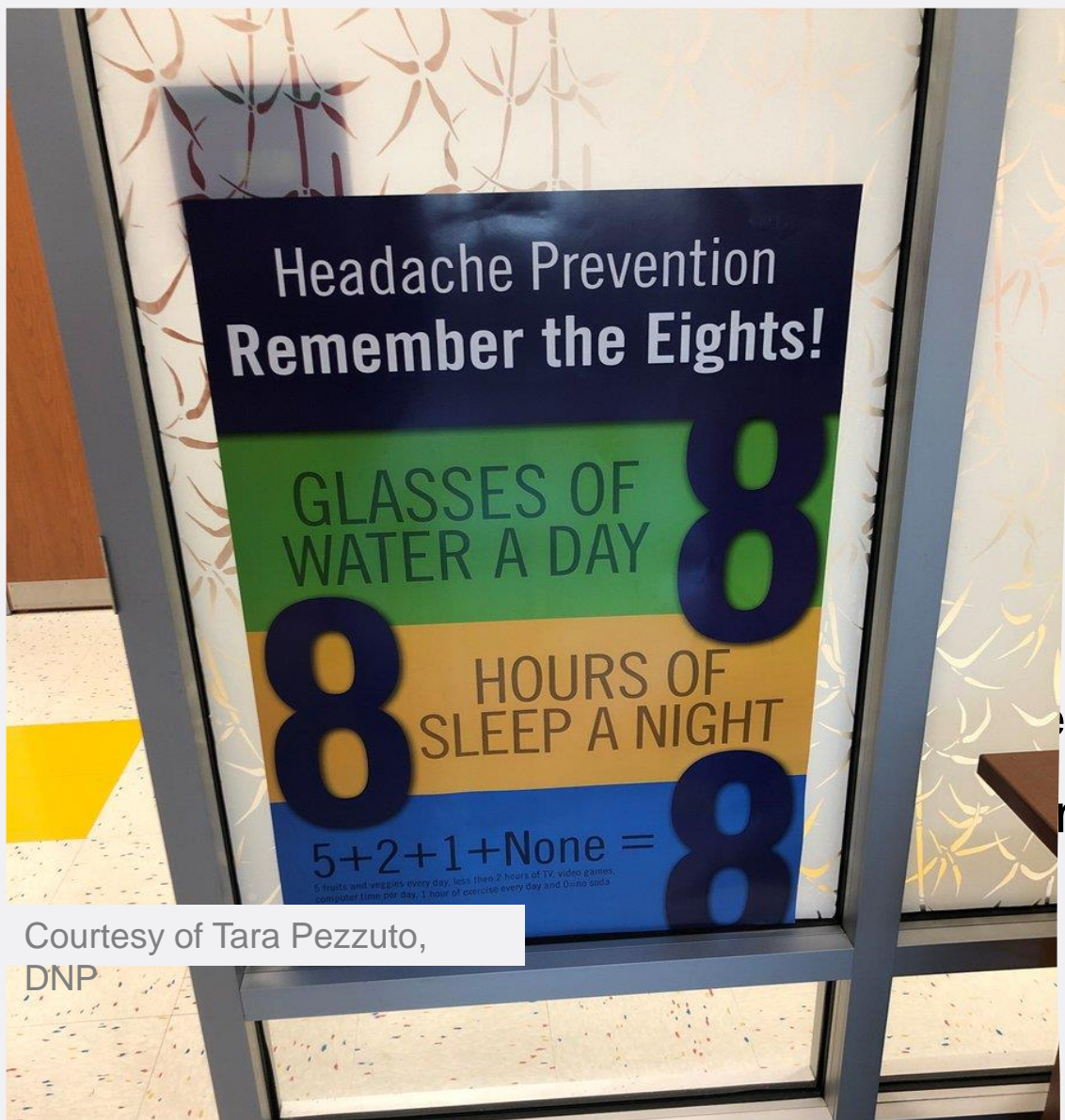
Relaxation

Eating

Physical Activity

www.headachereliefguide.com





Courtesy of Tara Pezzuto,
DNP

Remember the 8s!



- Drink 8 x 8 oz of water
- Get at least 8 hours of sleep, keep a consistent schedule
- Eat regularly and eat healthy
 - 5 fruits & veggies
 - 2 hours or less of screens
 - 1 hour of physical activity
 - No sodas & sugary drinks



Practice Guideline Update: Acute Treatment of Migraine in Children and Adolescents



First Line Treatment

NSAIDs

- Ibuprofen 10 mg/kg

Anti-emetics

- Ondansetron
- Prochlorperazine
- Promethazine

Key points

- Take a sufficient dose
- Take it early, before pain gets severe
- Address nausea and vomiting
- Goal is complete relief within 1-2 hrs
- Make sure they have access to meds at school and after school activities



Practice Guideline Update: Acute Treatment of Migraine in Children and Adolescents



Second Line Treatment

Triptans

- rizatriptan (Maxalt) ODT (≥ 6)^c
- almotriptan (Axert) tab (≥ 12)^a
- zolmitriptan (Zomig) NS (≥ 12)^a
- suma-/naproxen (Treximet) tab (≥ 12)^a
- sumatriptan (Imitrex) tab, NS, SC ^{n/a}

^c FDA-approved for ≥ 6 y/o; ^a FDA-approved ≥ 12 y/o; n/a not approved

Pitfalls

- Waiting too long to take meds
- Taking acute meds too often
- Failure to treat nausea/vomiting
- Failure to adjust an ineffective plan

Triptan Medications

Rule of 2

- Can take a 2nd dose after 2 hours
- No more than 2 doses in 24 hours
- Aim for 2 days per week or less

Serotonin Toxicity

- AHS position statement: currently available evidence does not support limiting the use of triptans with SSRIs or SNRIs

Potential side effects

- Tightness of face, neck, and chest
- Feeling hot, tingling
- Flu-like symptoms, fatigue, myalgias

Cautions and Contraindications

- Cardiac or cerebrovascular disease
- Uncontrolled HTN, liver disease
- Hemiplegic or confusional migraine



Migraine Chronification



Case 2: Marissa

16 y/o Female with headaches since 12 y/o

Small headaches: 4/10, bandlike pressure

Severe: 8-9/10, pounding all over head

Will take low-dose Tylenol, ibuprofen or Excedrin if they get bad, does this multiple times a week with little to no effect

Has been sleeping a lot, but is always tired and dizzy when she moves around

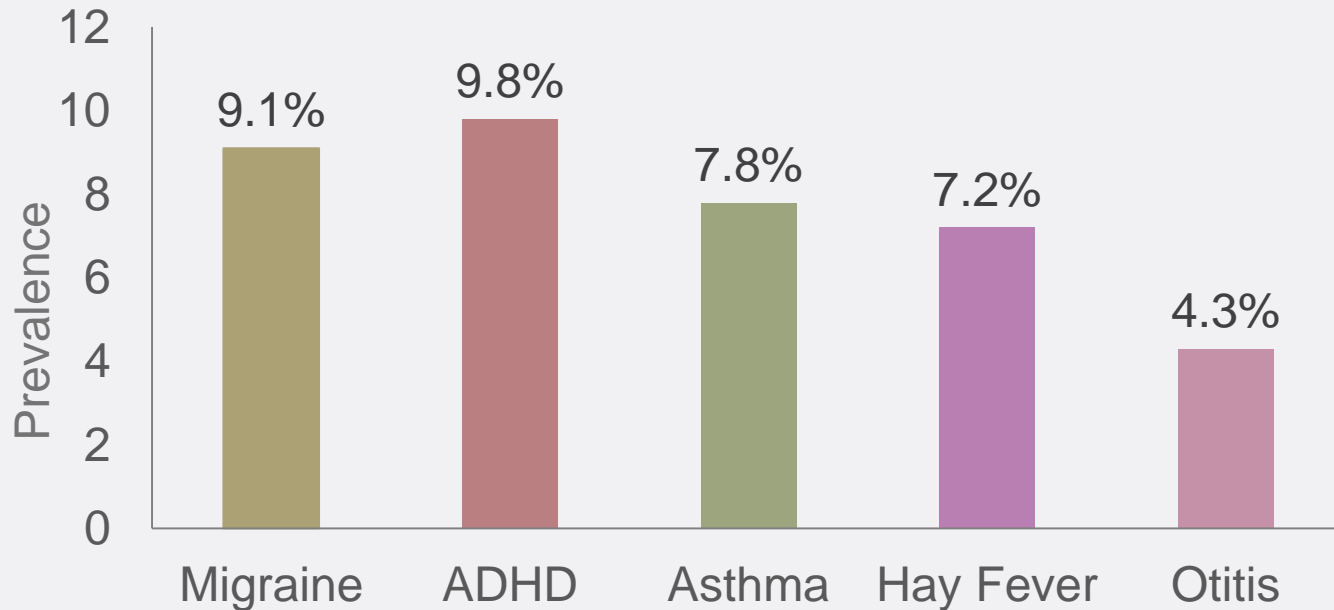
Reveals she has been more anxious and depressed, but has not told her parents

She is typically an A student, but has missed a lot of school (23 days), feels overwhelmed, and can't keep up with her schoolwork



Migraine's Impact

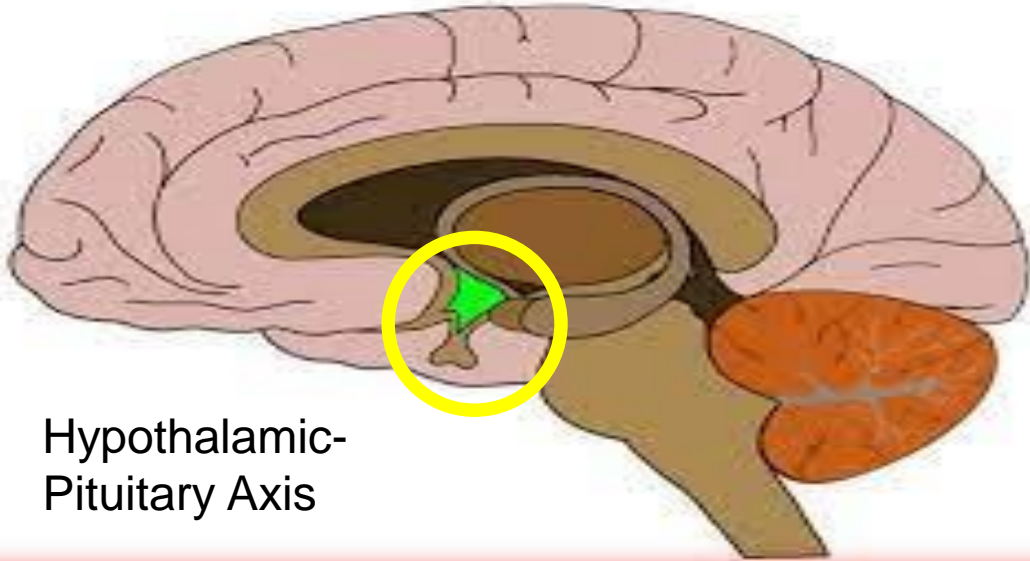
- 2nd most common childhood condition^{1,2}
- 2nd most disabling in world (1st in women)³
- 3rd greatest number of missed school days and other school problems^{4,5}



¹ Curr Pain Headache Rep. 2013;17:341; ² health.gov.

³ Steiner et al., 2020; ⁴ Newacheck & Taylor, 1992; ⁵ Turner et al, 2021

Migraine Pathophysiology



Hypothalamus

- Monitors body rhythms
- Reacts to threats to homeostasis
- Intimately involved in stress response

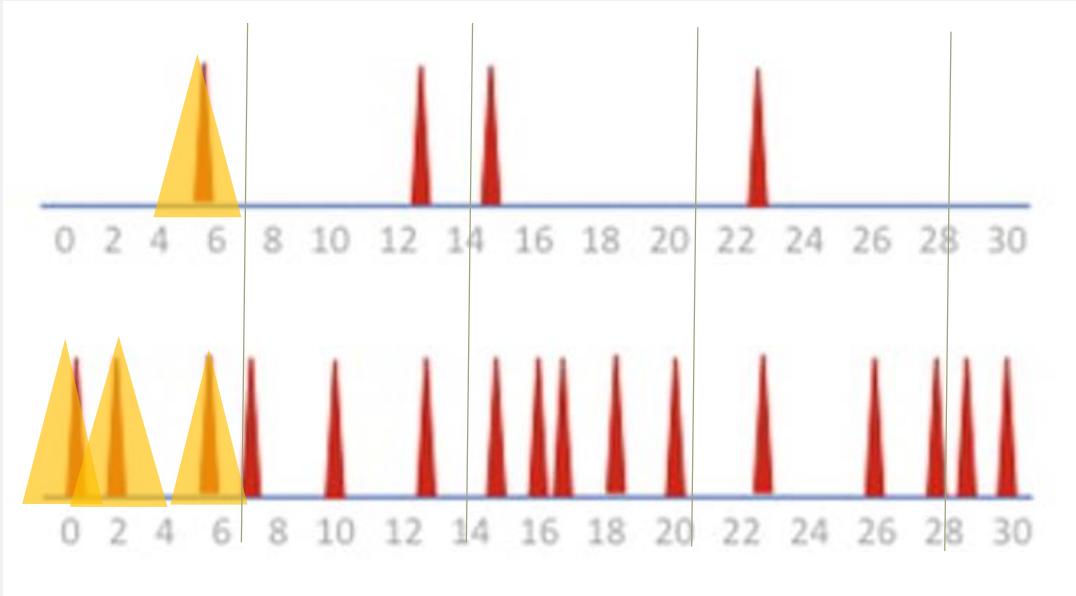
Over-reactive security system

- Threat detection is too sensitive
- Alarm is triggered too easily
- Alarm is louder than normal and has trouble shutting off or resetting

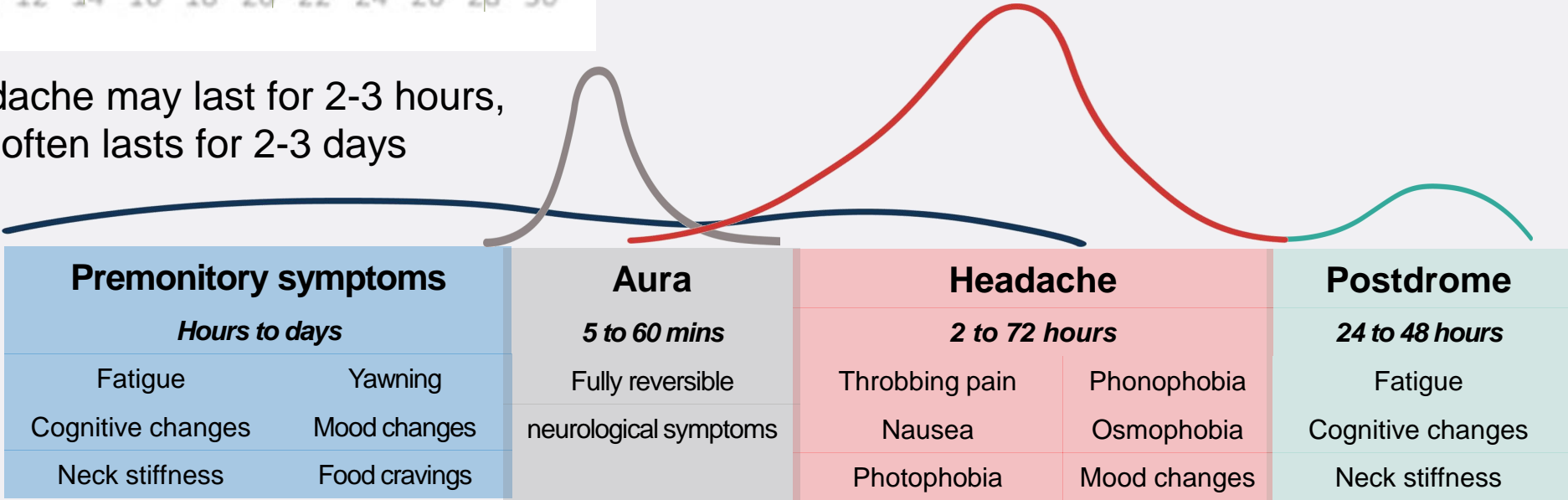


Migraine Progression

- Episodic (< 8 days a month)
- Transforming (8-14 days a month)
- Chronic (≥ 15 days a month)



Though the headache may last for 2-3 hours, the entire attack often lasts for 2-3 days



Adapted from Drugs. 2018;78:411-437.



Practice Guideline Update: Pharmacologic Treatment for Pediatric Migraine Prevention

Medication	Side effects
Amitriptyline 10-75mg / night	Sedation, dry mouth, constipation, arrhythmia (long QT)
Topiramate 50-100 mg / day	Paresthesia, decreased appetite, word finding, kidney stones
Propranolol 20-120 mg / day	Bradycardia, hypotension, vivid dreams, depression

- Work by calming over-reactive response system
- Goal is decreased attack frequency (typically ≤ 1 a week)
- All medications have side effects (which can be leveraged)

Nutraceuticals

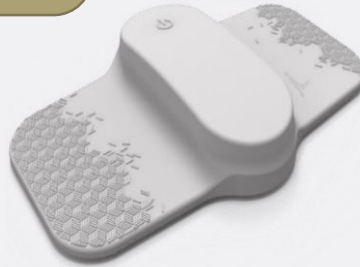
Agent	Daily Dose	Notes
Riboflavin (vitamin B2)	400 mg	Urine discoloration
Magnesium	400 mg – 600 mg	Diarrhea; chelated forms better tolerated
Coenzyme Q10	300 mg	Most expensive
Feverfew	50 mg – 300 mg	Low-quality evidence
Melatonin	3 mg	Conflicting evidence

Note: Petasites/Butterbur not currently recommended due to concerns about liver toxicity

Other Options

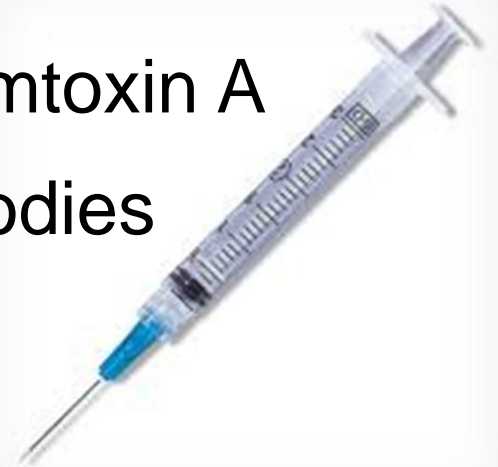
Neuromodulation Devices

- Remote electrical neuromodulation ($\geq 12y$)
- Non-invasive vagus nerve stimulation ($\geq 12y$)



Novel Therapeutics and Procedures

- Nerve Blocks
- Onabotulinumtoxin A
- CGRP Antibodies



Behavioral Interventions

Biofeedback



CBT



Relaxation Training



Pros

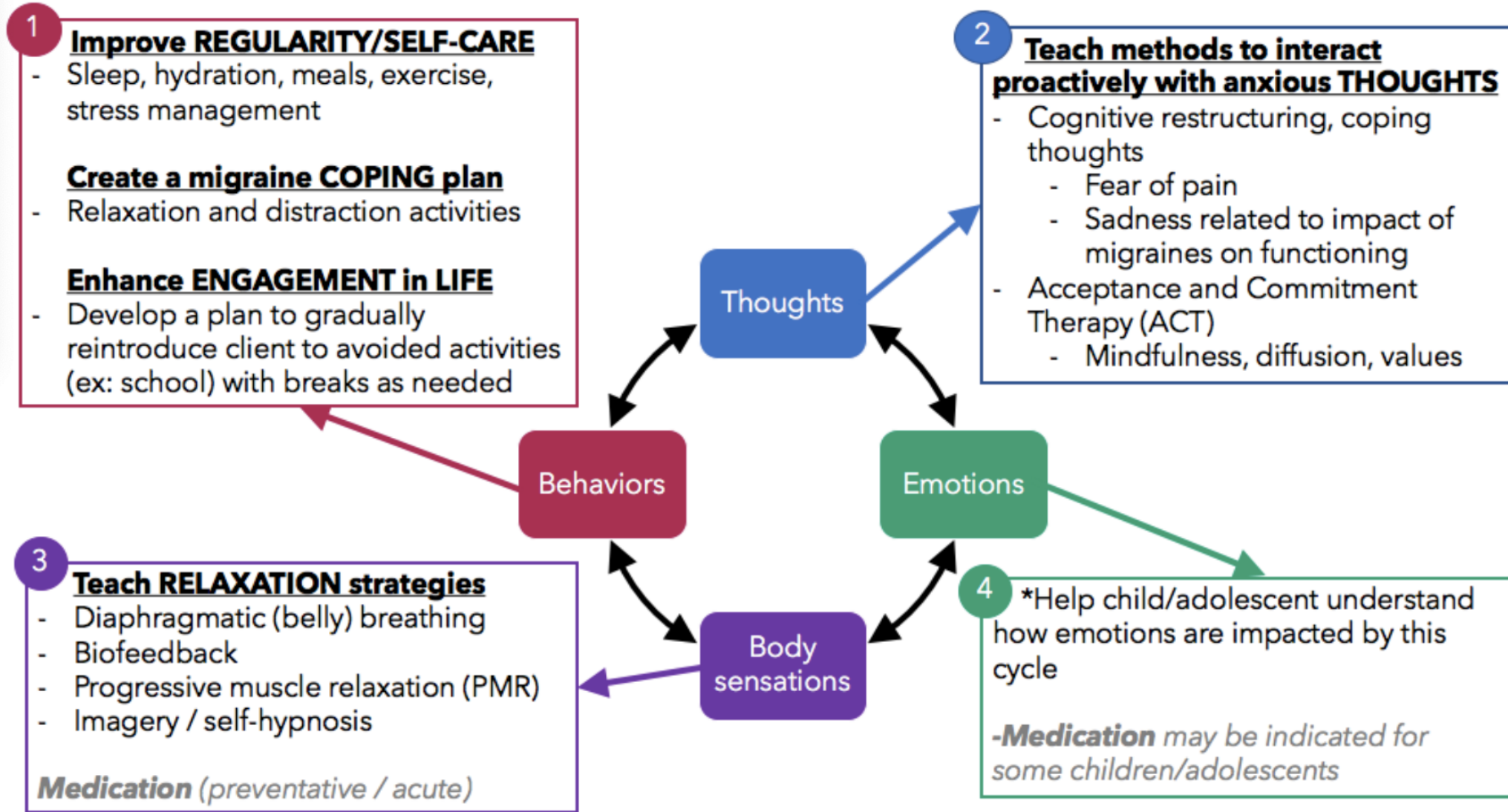
- Supported by data
- Endorsed in US Headache Consortium
- Have long-lasting benefits
- Effective at all life stages
- Can be stand alone or combined



Cons

- Cultural attitudes and biases
- Time consuming (for child and parent)
- Takes effort (homework, practice)
- Expensive (not covered by insurance)
- Hard to find in most areas

CBT for Chronic Pain



Adapted from A Ross. An Introduction to Cognitive Behavioral Therapy (CBT) for Pediatric Migraine

Migraine Advocacy



Framework for 21st Century School Nursing Practice™



Recognize Migraine

1. Identify students with migraine
2. Give them management tools
 - Refer them to the website www.headachereliefguide.com
3. Make sure they have a plan
 - Check for med permission forms
 - Give them PedMAP, refer to PCP
4. Monitor grades and attendance
 - 504 or Individualized Health Plan?



Give them Tools



www.headachereliefguide.com



There's an App for that...



www.headachereliefguide.com

i-Headache ◇ MindShift ◇ Calm ◇ HeadSpace



Migraine Action Plan

Pediatric Migraine Action Plan (PedMAP) Date: _____

Name _____ Date of Birth _____

Treating Provider: _____ Phone: _____


Emergency Contact: _____ Phone: _____

Headache Information
My diagnosis is: _____ Describe aura (if any): _____

Green Zone – Prevent more headaches

Do or take this every day to help prevent YOUR headaches:

- Get enough sleep; keep a regular schedule
- Eat healthy foods; don't skip meals
- Drink enough water; avoid caffeine
- Get regular exercise; manage your weight
- Learn ways to relax; manage your stress


 *Directions to provider:* Set 1-2 healthy lifestyle goals. Consider a daily medicine or vitamin/supplement if > 1 headache per week. Consider Cognitive Behavior Therapy (CBT) if PedMIDAS > 10.

It may take 4-6 weeks to see a big change, so stick with it!
Visit www.headachereliefguide.com to manage your headaches

Yellow Zone – Don't wait. Act fast to treat your headaches

Go to school nurse or health office right away. Take your quick-relief medicine as soon as your headache starts:

Take _____ Dose _____
Route _____ May repeat after _____ hours.

 *Directions to provider:* Goal is pain-free within 1-2 hours for intermittent headaches and back to baseline for constant headaches. Consider NSAID +/- antiemetic, a triptan or a combination of medications.

Take _____ Dose _____
Route _____ May repeat after _____ hours.

Let your provider know if you need to take your quick relief medicines 3 or more days a week or if this plan isn't working.

Directions to provider: Optional section for other scenarios, step 2 or a "backup" plan. Home "backup" plan: Consider dopamine blocker +/- diphenhydramine +/- NSAID.


Red Zone – Time to get more help

Contact your provider's office if:

- Your headache is much worse, lasting much longer than usual

Go to the **Emergency Room** if:

- You have new and very different symptoms like loss of vision, unable to move one side of your face or body, trouble walking or talking, very confused or unable to respond

 • Call 9-1-1 if child loses consciousness or has stroke-like symptoms

Directions to provider: Avoid giving aspirin to children < 16 years old. Avoid giving opioids or butalbital for pain.

I authorize the quick-relief medication(s) listed in the Yellow Zone:

Provider's Signature _____ Date _____
Parent/Guardian's Signature _____ Date _____

to be administered by school personnel
 to be self-administered by student
 to be administered only by parent



Children's of Alabama®

Pediatric Migraine Action Plan (PedMAP): Headache Toolbox

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)
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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
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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: _____

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Pediatric Migraine: A Primer for Teachers and School Nurses



Launchpad

MIGRAINE AT SCHOOL

Students Parents Educators Treatments About Us

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We want to ensure every student has the opportunity to flourish at school.

The Migraine at School program is a collection of the best resources for students, parents, and educators.

Headaches at School

Pediatric Migraine Action Plan (PedMAP): Headache Toolbox

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)
- 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 starts
- May need a copy of class notes/homework packet when absent or out of class
- May need extra time to make up exams or assignments missed due to absence
- Consult school psychologist to evaluate for suspected learning problems
- Consider modifying assignments (fewer problems, test of mastery) or providing extra days, rest breaks, fewer classes) if returning to school after an extended absence
- Other:

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Summary

1. Migraine is common
2. Migraine is disabling
3. Migraine is progressive

1. Identify students with migraine
2. Advocate for an Action Plan
3. Teach them how to manage their migraine at home and school



www.MySchoolNurse.net



Questions?



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