Development of an Acute Headache Pathway  
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Aim

Headache is common and has a lifetime prevalence of over 90% in the UK. It constitutes up to 4.5% of emergency department attendances. Healthcare professionals find diagnosis and management of headache difficult and worry about missing rare and serious causes.

The differentiation of the small number of patients with life threatening headaches from the overwhelming majority with benign primary headaches is important as failure to recognise a serious headache can have potentially fatal consequences. Careful history and examination is still the most important part of the assessment that guides clinicians to appropriate further investigations and management.

In September 2012 NICE published guidelines on the diagnosis and management of headache in young people and adults. We audited our practice against NICE guidelines and subsequently developed an acute headache pathway.

Methods

We audited 6 weeks of admission to acute medicine and ambulatory care with a presenting complaint of headache were audited. We included 37 notes from 61 patients, and audited practice against standards based on the NICE guidelines.

The standards focused on documentation of red flag symptoms, complete neurological exam, and appropriateness of imaging requested. With the audit results, clinical evidence we and input from a neurologist with an interest in headaches we developed an acute headache pathway.

Results

37 patients; 56.8% female  
Age range 20-75 years; mean 45 years  
59.5% referred from ED  
24% headache present for more than a week  
97% hospital for 0-1 days  
7.5% (2 of 26) CT heads abnormal (Hydrocephalus & AVM)  
55% (10) LPs normal, 33% (6) elevated protein, 11% (2) positive PCR  
37.5% headache diagnosis discharged on analgesia (1/3 codeine)

Discussion

The audit showed that there was poor evidence of documentation of the important history and examination. It is hard to generalise from such a small cohort but given a wide range of diagnosis it may be the initial assessment became focused quickly with just the important information written down.

The audit did highlight the lack of clear management during and after admission with patients with a primary diagnosis of a headache disorder.

Development of Pathway

The headache pathway was developed incorporating these results. The important points we wanted to incorporate are:

1. Initial guidance to exclude conditions that do not require acute management.
2. Pathway for investigating serious headaches.
3. Importance of making a diagnosis.

The plan is to re-audit after it has been implemented.

References