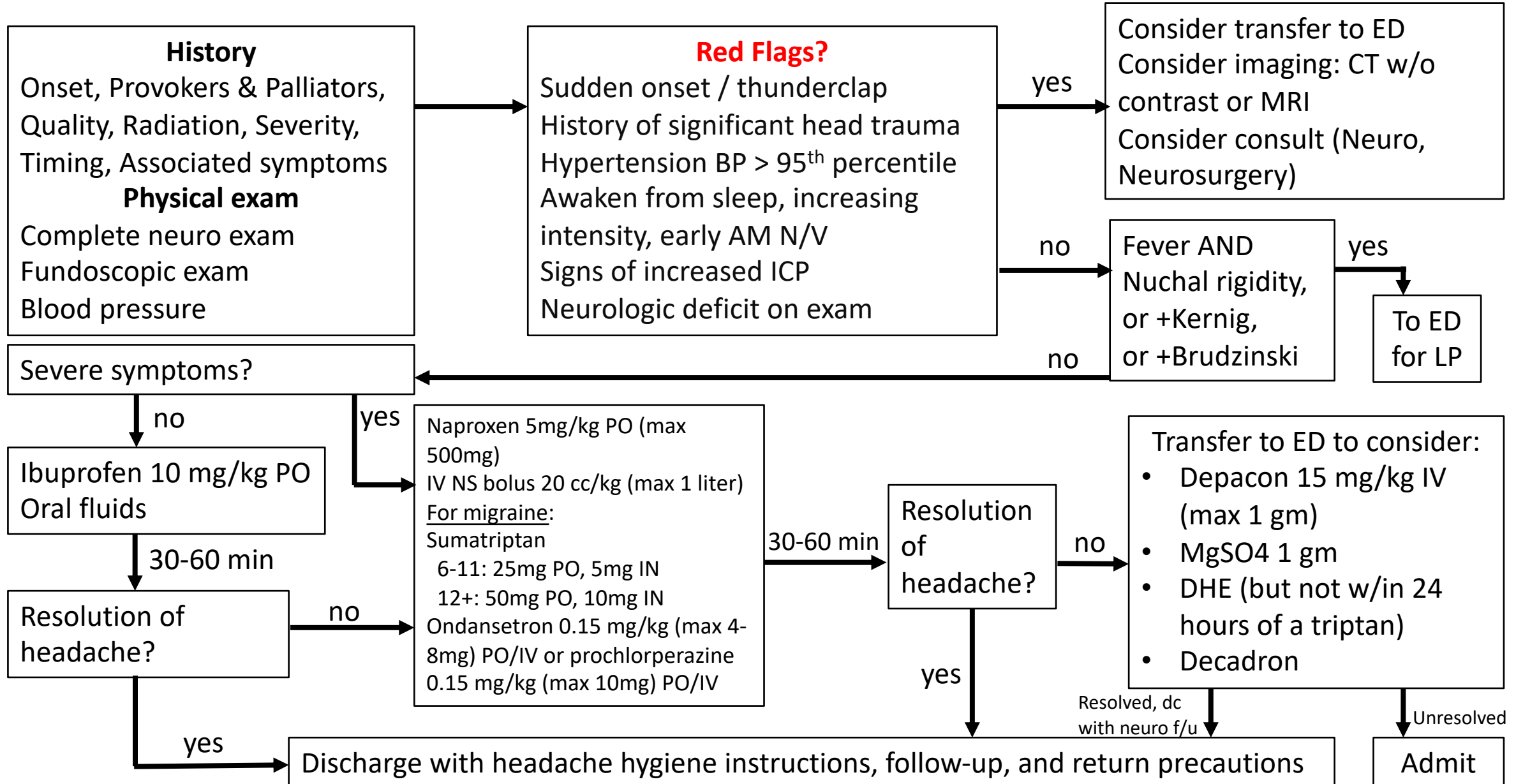


Headache

Diagnosis	History	Exam
Tension headache	Stressors, bifrontal or bandlike or bitemporal, tightening non-pulsatile quality, no N/V	May have tight muscles at base of occiput or paracervical, o/w normal
Migraine	May occur in young children, but more often adolescents; +/- aura, pulsatile/throbbing, often bilateral in younger children, unilateral in adol/adults, may have N/V, phono/photophobia, autonomic sx. +FH common	Normal general and neuro exam May appear uncomfortable and want a dark, quiet room
Brain tumor (what parents worry about)	Early AM headache, personality changes, balance issues, HA awakens from sleep, progressively more severe, occipital HA	Abnormal neurologic exam, signs of increased ICP, increasing head circumference
Meningitis	Fever, altered mental status, seizure	Nuchal rigidity, Kernig & Brudzinski signs
Hemorrhage	Trauma; Spontaneous: thunderclap onset	Abnormal neurologic exam, hematoma, Battle sign, Raccoon eyes, hemotympanum
Other causes	Fever is a common cause, pharyngitis, sinusitis, UTI, caffeine withdrawal, menses or pregnancy-related, medication overuse syndrome, cluster headache (rare in children), hypertension, tight braids / ponytails, idiopathic intracranial hypertension (formerly pseudotumor cerebri)	

Acute Headache



Headache Hygiene

- Regular bedtime and wake time, get adequate sleep
- Regular meals (don't skip)
- Stay adequately hydrated, drink fluids throughout the day
- Avoid sugary fluids and snacks (rapid fluctuations in blood sugar)
- Regular moderate-intensity exercise at least 3x/week
- Avoid caffeine, alcohol
- Keep a headache & food diary to identify any food triggers – [link to sample](#)
- Avoid prolonged screen time – take breaks
- Manage stress: relaxation exercises, meditation, massage
- SMART: Sleep, Meals (& hydration), Activity, Relaxation, Trigger avoidance