Emergency Decision Unit Pathway

Headache

Inclusion criteria
- Adult ED patients with suspected subarachnoid haemorrhage (SAH) who fulfil EDU admission criteria as per ‘Acute headache’ ED management tool
- OR
- Adult ED patients identified as having a primary, medication overuse or nonspecific acute headache as per ‘Acute headache’ ED management tool whose symptoms have not sufficiently settled to allow discharge directly from the ED

Exclusion criteria
- SAH suspected AND
- Patient returning to ED during same headache period after discharge
- SAH high-risk indicators present (see box 1 on the ‘Acute headache’ ED management tool)
- Onset of headache >48h ago
- Haematocrit <0.3
- Requiring hospital admission regardless of SAH rule-out or headache symptom control

Notes to doctor completing this pathway (ED senior to ensure compliance)
- This pathway must only be used in conjunction with the ED ‘Acute headache’ tool
- On the aforementioned tool, ensure you have completed all details up to the point of transfer to EDU
- Complete a drug chart as appropriate
- NB: protocol violations are potentially dangerous to patients, yourself and the department. Do not bend the rules!

EDU plan

Select and tick the relevant admission scenario below

☐ Needs symptom control for primary, medication overuse or non-specific acute headache
- Prescribe appropriate medications as per boxes 7 and 8 on the ‘Acute headache’ ED management tool
- Discharge as soon as symptom control acceptable (NB: Patient does NOT have to be completely pain free)

☐ Needs SAH rule out
- Complete boxes relating to the time interval between headache onset and CT head

Date of headache onset DD/MM/YY

Time of headache onset HH:MM use 24h clock

Date of CT head HH:MM use 24h clock

Total hours passed between headache onset and CT head NB: must be <48

- EDU staff to give patient a copy of the ‘Suspected subarachnoid haemorrhage’ PIL
- Patient to be reviewed and managed as per flowchart on reverse once CT head report available

Planned & agreed by

Referring doctor

Doctor in charge

Senior nurse EDU

Print names

Signatures

NB: A drug chart must be written before pathway can be signed off
EDU management of people with suspected SAH following CT report

Does CT show SAH?

Are there any other significant CT findings?

**Senior ED doctor (COTW, or ST4 or above)** to discuss risks of LP vs. risks of missed aneurismal SAH with patient to allow them to make an informed choice

Discussion (aided by the ‘Suspected SAH’ PIL) should cover:
- Non-SAH causes of sudden headache (likely)
- Likelihood of missed SAH (<1% when CT done in <48h of headache onset)
- Likelihood of aneurismal SAH (even less)
- Consequences of missing aneurismal SAH
- Standard practice (LP to eliminate that risk)
- Likelihood of unwanted LP effects (higher than likelihood of missed SAH)

Allow patient time to absorb the information

Does patient agree to omit LP?

Refer to AMC if open, otherwise admit to AMU

Senior doctor to document patient's decision in EDU record

GCA suspected (see box 4)?

Follow UHL ‘Guidelines for patients with suspected temporal arteritis’

Primary or medication overuse headache likely (see boxes 6 & 7 on ED headache proforma)?

Differential diagnosis might include:
- Primary thunderclap headache
- RCVS - reversible cerebral vasospasm and headache associated with sexual activity
- Nonspecific acute headache

See boxes 6 & 7 on ED headache proforma for appropriate symptom control options

- Discharge from ED
- Arrange neurology follow-up if needed (see box 5 on ED headache proforma)

Transfer to QMC ASAP
- If bed availability within 8h deemed unlikely, admit to AMU
- Return patient to ED resuscitation room, inform ED senior doctor and re-discuss with QMC neurosurgical team in case of the following:
  - Drop in GCS (needs ITU review)
  - Neurological signs (needs ACB)

Do not give nimodipine if
- AMI within the last 30 days
- Unstable angina
- Acute porphyria

Monitor BP closely if
- Known cirrhosis or features of chronic liver disease
  - Give only at instruction of neurosurgical team
- CT features of cerebral oedema or raised intracranial pressure
- Systolic BP <100
- Taking other beta-blocker or calcium antagonist
- Breast-feeding

Patient managed by

Print name  

Signature  

Role

Martin Wiese  Aug 15  Version 13