

## ALL Suffolk Pre-Referral Guidance Headache - Neurology

Please complete this form, attach any investigations (see below) and submit via [E-Referral-ALL-CAS Neurology IHT](#)

Patient Information		GP Information	
<b>Name</b>	no data no data	<b>Referring GP</b>	no data
<b>Address</b>	no data	<b>Practice</b>	no data
<b>Tel (Home)</b>	no data	<b>Practice Address</b>	no data
<b>Tel (Mob)</b>	no data	<b>Practice Tel</b>	no data
<b>DOB</b>	no data	<b>Practice Fax</b>	no data
<b>NHS No</b>	no data	<b>Practice Email</b>	no data
<b>Gender</b>	no data	<b>Usual GP</b>	no data
<b>Ethnicity</b>	no data	<b>Referral Date</b>	no data

Please tick the reason for referral and confirm that the pre-referral tasks have been completed

<b>HEADACHE – Reason for referral</b> For guidance see <a href="#">NICE CG150 (2012) Headache</a> or individual NICE CKS links below.	
<b>My referral is about:</b> <input type="checkbox"/> <b>Diagnosis &amp; management</b> <input type="checkbox"/> <b>Management</b>	<b>My referral is URGENT</b> <input type="checkbox"/> <b>RED FLAG HEADACHE ?</b> <b>CONSIDER OTHER REFERRAL OPTIONS BELOW !</b>

<b>The following red flag headaches are emergencies that are *not* suitable for a general neurology OP referral</b>	
<b>Suspected vascular catastrophe, e.g. subarachnoid haemorrhage:</b> Hyperacute severe headache reaching maximum intensity within 5 minutes, with or without loss of consciousness <b>Suspected meningitis / encephalitis:</b> Acute headache with fever, cognitive or behavioural change, altered level of consciousness, or seizures	A&E or AMU
<b>Suspected brain tumour:</b> Subacute / chronic headache with features of raised intracranial pressure, progressive neurological deficit, disc swelling on fundoscopy – <b>always check BP</b>	2WW CNS
<b>Suspected giant cell arteritis:</b> New onset persistent headache in patients > 50 yrs with jaw claudication, scalp tenderness – <b>check ESR, start steroids, aspirin, proton pump inhibitor:</b> <a href="#">NICE CKS for GCA</a> <ul style="list-style-type: none"> <li>with visual loss, refer for Ophthalmology same-day assessment</li> <li>with symptoms of TIA, refer to rapid access TIA clinic</li> </ul>	Ophthal TIA Rheum
<b>Suspected primary angle closure glaucoma:</b> Episodic headache with atypical eye symptoms: red eye, fixed pupil, impaired vision, nausea & vomiting (for cluster headache, see below)	Ophthal

<b>HEADACHE – Pre-referral tasks</b> Most headache is due to tension-type headache or migraine, and many chronic headaches are complicated by medication overuse. The following information is essential:	
<b>History:</b> Headache pattern - recent, or chronic? (>15 days/month, >3 months); mention pain location, quality, intensity, frequency, duration, effect on activities; associated symptoms Link to <a href="#">IESCCG Headache Diary</a>	<input type="checkbox"/>
<b>Medication:</b> Drugs previously tried, with doses; current drugs, dose and frequency - for chronic headache it is *essential* to list all current analgesia / triptans, including over-the-counter medication	<input type="checkbox"/>
<b>Examination:</b> Should include BP, fundoscopy & basic neurological exam (normal for most headaches)	<input type="checkbox"/>
<b>Investigations:</b> There are no mandatory tests in headache except ESR in suspected GCA - but if your patient has had recent blood tests or previous brain imaging then please include results with referral	<input type="checkbox"/>

<b>HEADACHE – Diagnosis &amp; management tips</b>
<b>Tension type headache (TTH) - <a href="#">NICE CKS for Tension Headache</a></b> <b>Symptoms:</b> Bilateral, pressing/tightening (non-pulsating), mild-moderate intensity, NOT associated with nausea/photophobia/phonophobia. <b>Examination/Symptoms:</b> BP/General neurological examination, fundi; if aged above 50, palpate temporal arteries and consider ESR. <b>Treatment: DO NOT USE</b> Triptan/Opioid. Use Paracetamol, Aspirin or NSAID and Amitriptyline for chronic headache.

**Migraine (with or without aura) - [NICE CKS for Migraine](#)**

**Symptoms:** Pulsating (throbbing or banging in young people aged 12-17 years). Unusual sensitivity to light and / or sound nausea and / or vomiting. Typical aura symptoms: visual symptoms such as flickering lights, spots or lines and / or partial loss of vision; sensory symptoms: such as numbness and / or pins and needles; and / or speech disturbance. Can last 4-72 hours in adults, 1-72 hours in young people aged 12-17 years.

Consider further investigations and / or referral for people who present with or without migraine headache and with any of the following atypical aura symptoms: motor weakness or double vision or visual symptoms affecting only one eye or poor balance or decreased level of consciousness.

**Menstrual-related migraine** – Migraine occurs predominately between 2 days before and 3 days after the start of menstruation in at least 2 out of 3 consecutive cycles.

**Acute Treatment**

**Migraine with or without aura** – Offer combination therapy: oral triptan and a NSAID / Paracetamol,

**Prophylactic treatment** - Offer Topiramate (25mg OD increase weekly by 25mg Max 100mg BD) or Propranolol.

Pregnancy: Topiramate is associated with a risk of fetal malformations and can impair the effectiveness of hormonal contraceptives.

**Medication overuse headache (MOH) - [NICE CKS for Medication Overuse Headache](#)**

Pre-existing headache and meds used >10days (triptans, opioids) or >15 days (paracetamol, aspirin or NSAIDS) per month for >3months

**Symptoms:** headaches >15 days per month

**Examination/Symptoms:** BP, General neuro, fundoscopy; if aged above 50, palpate temporal arteries and **consider ESR**

**Treatment:** Stop medication abruptly: withdrawal headache 2-10 days, other withdrawal symptoms can take 7-30 days to resolve (nausea, vomiting, hypotension, tachycardia, sleep disturbance, restlessness, anxiety).

**If Referring:**

List total daily/weekly consumption of prescribed and OTC meds:

NSAIDs, triptans, anti-emetics, beta blockers, amitriptyline, topiramate, opiates, others

**Suspected Cluster Headache - [NICE CKS Guidance for Cluster Headache](#)**

**Symptoms:** severe, unilateral, recurrent, often 15-180min duration, restless/agitated, if nocturnal often wakes within 2hrs. Migrainous symptoms can occur.

**Autonomic symptoms (at least one ipsilateral):** Conjunctival injection, lacrimation, eyelid oedema, miosis, ptosis, rhinorrhoea/nasal congestion, forehead/facial sweating.

**Examination/Symptoms:** general neuro, fundoscopy, BP, visual fields (to exclude pituitary lesion). Neuroimaging will usually be performed in secondary care.

**Treatment: NSAID, Paracetamol, ergot, aspirin and oral triptans NOT recommended**

- **Triptan:** s/c (6mg sumatriptan licensed), intranasal (20mg sumatriptan or 5mg zolmitriptan **unlicensed**)
- **High dose high flow oxygen:** 100% at least 12l/min
- **Prophylaxis:** Verapamil can be initiated if no contraindications. **Unlicensed use.** (usual dose 200-300mg per day)

Try these while referring for an urgent OP appointment.

<input type="checkbox"/>	<b>Clinical Indication/Problem/Additional treatments already undertaken</b>
<input type="checkbox"/>	<b>Mental capacity</b> <i>Please specify if patient is unable to consent for themselves, who the next of Kin is and if the next of Kin accompanies the patient to any tests or clinic appointments</i>
<input type="checkbox"/>	<b>Language Barriers</b> <i>Please specify the language spoken by patient and whether there is a need for an interpreter. If patient cannot read or write, again please specify.</i> <b>Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/> (if Yes – please specify language)</b>

<b>Has the patient been referred for</b>	<input type="checkbox"/> weight management?	<input type="checkbox"/> smoking cessation?
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<b>BMI:</b> no data	<b>Height:</b> no data	<b>Weight:</b> no data
<b>BP:</b> no data	<b>Smoking Status:</b>	<b>Alcohol – units per week:</b> no data

<input checked="" type="checkbox"/>	<b>Past Medical History/Co-Morbidities</b> (See below)	
<input checked="" type="checkbox"/>	<b>Acute Medication Issued in last 90 days</b> (See below)	<b>Currents include</b>
	<b>Current Repeat Templates</b> (See below)	
<input checked="" type="checkbox"/>	<b>Allergies &amp; Sensitivities</b> (See below)	

**Patient Name:**

**Title and Surname:** no data

**Forename:** no data

**DOB:** no data

**Allergies:** no data

**PMH:** no data

**Medication:**

**Acute Medication**

no data

**Current Repeat Templates**

no data