

HEADACHES

Level II

Skill Level: RN

Definition: Some headaches result in objective findings of distress. One cause can be migraine headache (an ache or pain resulting from vasospasm in the intracranial and extra cranial arteries and their branches followed by dilation of the same vessels). Other severe headaches, especially when they are new in onset and character, can rarely represent a genuine neurological threat.

<p>Subjective:</p> <ul style="list-style-type: none"> • "I have a throbbing headache." • Pain described as throbbing, high intensity. Location bilateral or unilateral, temporal, upper cranium. • Reports of photophobia, nausea/vomiting and irritability. May have aura prior to headaches. • Patient may give positive history of headache over several years. 	<p>Assessment:</p> <ul style="list-style-type: none"> • Alteration in comfort Chronic Headaches. • Alteration in comfort due to acute headache pain.
<p>Objective:</p> <ul style="list-style-type: none"> • Observed behavior supports subjective complaints. • Blood Pressure and pulse may be normal or elevated. • No loss of consciousness, decreased alertness or sensation, confusion, visual blurring or other neurological changes. • No focal neurological signs. • No neck rigidity or fever over 101. • History NEGATIVE for "warning signs": <ul style="list-style-type: none"> ○ Severe headaches that are not like other headaches. ○ Recurrent headaches of increasing intensity or frequency. • No recent serious head trauma. • Photophobia may be present. 	<p>Plan:</p> <p>In addition to level I interventions, at nursing discretion, use any of the below:</p> <ul style="list-style-type: none"> • If patient has a severe headache, new for them, with neurological signs and symptoms, or neck rigidity, call provider and consider transport to emergency facility. • Schedule with practitioner if "warning signs" present at evaluation or by patient history. • Instruct patient to return for re-evaluation in 72 hours of symptoms do not resolve and/or worsen. • Provide reassurance. • Rest in darkened/quiet area if possible. • Naproxen 500 mg BID prn x 5 days. • Refer to practitioner if no relief.

Headaches - Level II

Patient Education:

1. For migraines, seek early intervention for maximum relief potential. If patient has a prior history of migraine headache, consider calling the provider, possibly for an order for Cafergot. Cafergot potential side effects: tingling/numbness of the fingers and/or toes, muscle weakness and pain, gangrene, blindness.
2. Call provider or initiate emergency transport if warning symptoms that can signify a serious intracranial process are present and the patient has no prior history. Examples are headaches accompanied by loss of consciousness, decreased alertness or sensation, confusion, visual blurring or other neurological changes.
3. Look for warning signs that may signify that this headache represents a serious neurological condition requiring further evaluation by a medical provider.
 - Severe headaches that are not like other headaches this patient has had in the past.
 - Recurrent headaches of increasing intensity or frequency.
4. Suggest patient use comfort measures which they can do on their own, such as warm showers, cool compresses, covering the eyes, and neck, temple or back massage.
5. Encourage good nutrition/hydration, routine exercise and adequate rest.
6. Remember the possibility of a sinus headache, a sometimes severe ache, usually located behind the eyes, nose or cheeks. Sometimes these will respond to antibiotics. (See Sinusitis protocol)
7. Sometimes, if patient is having frequent headaches and will be seeing a provider, it is helpful to ask them to maintain a headache diary while waiting to see the provider.

APPROVED:

Medical Services Manager

Date

Chief Medical Officer

Date



Medical Director

10/6/09

Date

Effective Date: 10/09
Revised: September 2009