PEDIATRIC EMERGENCY MEDICINE EVIDENCE-BASED PATHWAY

PRIMARY HEADACHE DISORDER

(C) BCH Emergency Department

etc)

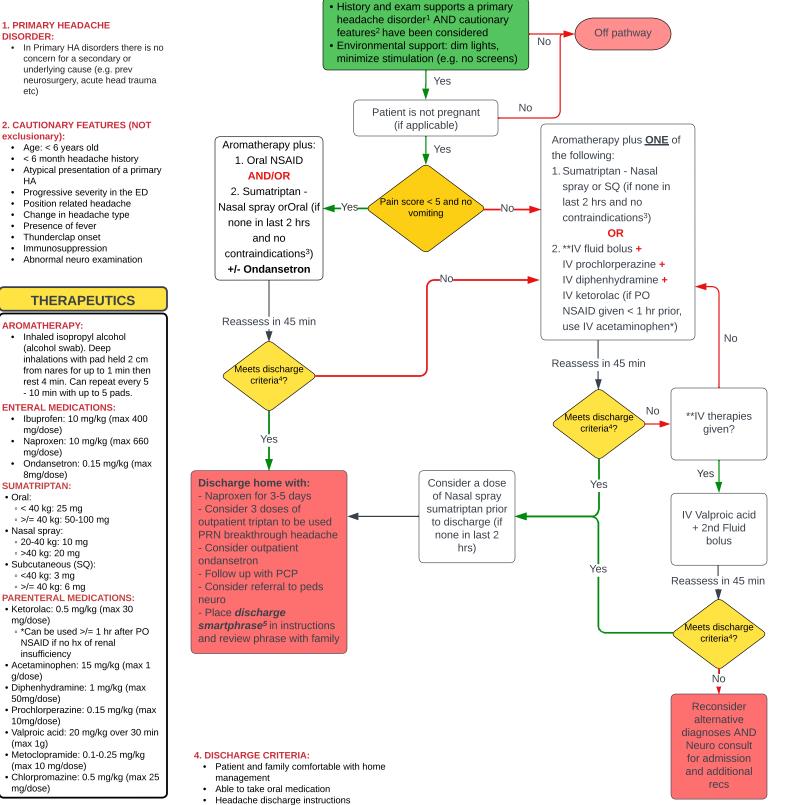
HA

• Oral:

q/dose)

This algorithm focuses on migraine and tension-type headaches





3. TRIPTAN CONTRAINDICATIONS:

- Uncontrolled hypertension H/o stroke, myocardial infarction or peripheral vascular disease
- Hemiplegic and basilar migraine
- H/o Wolff Parkinson White syndrome

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Disclaimer: This serves as a guide only, not decision support. It is not continuously reviewed. Drug dosing and pathway specifics should always be reviewed by prescribers with continuously reviewed

- discussed with patient/family
- Patient able to secure medications for home management

DISCHARGE MEDICATIONS:

- Naproxen: 10 mg/kg/dose BID (max 500 mg BID) x 3-5 days
- Sumatriptan, oral: 25 mg if <40 kg; 50-100 mg if >/= 40 kg q2 hrs x 3 PRN breakthrough headache Rizatriptan melt for kids < 12 yrs: 5mg if <40 kg; 10mg if >/=40kg
 - Ondansetron: 2mg if < 15 kg, 4 mg if >/= 15 kg

5. DISCHARGE SMARTPHRASE:

- Use a Headache Diary (Headache diary forms available online at
- https://www.ucsfbenioffchildrens.org/clinics/headache-program) SMART Habits: Healthy behaviors and stress reduction strategies to reduce pain and prevent
- recurrence of headache are very important. Sleep: At least 8 hours for teens (>9 hrs for kids 6-12 yrs), go to sleep and awaken around
- the same time Meals: At least 3, don't skip any, drink plenty of fluids (>8 cups of water daily for kids >9
- yrs, more for high exertion or athletes), consider avoiding caffeine-containing substances. Activity: Exercise is really effective for treating and preventing HA
- Relaxation: Music, massage, compresses, breathing, yoga, meditation
- Triggers: Recognize and avoid them; the HA Diary can help with this