

	Clinical Protocol: Headache	
	ORIGINAL EFFECTIVE DATE: 05/24/2011	REVIEWED/REVISED DATE(S): 06/18/2019 08/13/2021 09/01/2022 11/15/2023 02/03/2025
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PROTOCOL OVERVIEW

This Clinical Protocol advises on guidelines, indications, and referral processes for headaches.

INDICATIONS

CLINICAL INDICATIONS FOR IMAGING

- CT scan OR MRI

Headache with possible underlying structural cause, as indicated by **1 or more** of the following:

- Personal history suggesting underlying infectious, inflammatory, or structural cause, as indicated by **1 or more** of the following:
 - Onset of headache before age 6 years or after age 50 years
 - Patient with history of cancer
 - Patient with HIV or immunosuppression
- Signs or symptoms suggesting underlying infectious, inflammatory, or structural cause, as indicated by **1 or more** of the following:
 - Abnormal findings on neurologic examination, including altered mental status or personality
 - Accompanied by seizure
 - Accompanied by vomiting
 - Change in frequency, severity, or clinical features of headache from what patient has commonly experienced
 - Cluster-type headache
 - Meningeal signs
 - Motor or sensory aura, or aura that has changed character
 - New or progressive headache that persists for days
 - Persistent headache without family history
 - Precipitated by exertion, coughing, sneezing, bending down, or sexual intercourse
 - Repeatedly awakens child from sleep or is present upon awakening
 - Systemic symptoms (ie, fever, myalgias, weight loss, scalp tenderness)
 - Temporal arteritis, suspected
 - Unresponsive to medical treatment

- Worst headache of patient's life (ie, "thunderclap" headache)

(NOTE that neuroimaging is usually not warranted in patients with migraine and normal neurologic examination)

CLINICAL INDICATIONS FOR REFERRAL

Neurology referral for evaluation or management of **1 or more** of the following:

- Acute headaches, and **1 or more** of the following:
 - Atypical presentation
 - Headache refractory to empiric therapy
 - Identification of underlying cause needed, as indicated by **1 or more** of the following:
 - Cervicogenic headache
 - Congenital disorders (eg, Chiari malformation)
 - Hydrocephalus
 - Intracranial hypertension
 - Intracranial hypotension
 - Medication-induced headache
 - Neuropathic headache (eg, occipital neuralgia, trigeminal neuralgia)
 - Occipital location in children or adolescents
- Chronic headaches, as indicated by **1 or more** of the following
 - Cluster headache, and **1 or more** of the following:
 - Development of treatment plan for acute episodes
 - Nonpharmacologic therapy needed (eg, oxygen therapy)
 - Prophylactic management needed
 - Idiopathic headache, as indicated by **1 or more** of the following:
 - Hemicrania continua
 - Hypnic headache
 - Primary cough headache
 - Primary exertional headache
 - Primary headache associated with sexual activity
 - Primary stabbing headache
 - Primary thunderclap headache
 - Medication overuse headache, as indicated by headaches 15 days or more per month accompanied by **1 or more** of the following:
 - Headache has developed or markedly worsened during medication overuse.
 - Regular overuse of headache medication for 3 months or longer
 - Use of ergotamine, triptans, opioids, or combination analgesics more than 10 days per month for 3 months or longer
 - Use of simple analgesics 15 or more days per month
 - Migraine headache, and **1 or more** of the following:
 - Changes in visual acuity or visual fields
 - Child or adolescent
 - Chronic migraine

- Development of treatment plan for acute episodes
- Focal neurologic signs (eg, weakness, diplopia, ataxia)
- Nonpharmacologic therapy needed (eg, biofeedback)
- Orbital location accompanied by fixed visual changes or elevated intraocular pressure (ie, acute glaucoma)
- Pregnancy
- Prophylactic management needed
- Visual changes other than scotomas during aura phase
- Tension-type headaches, and **1 or more** of the following:
 - Inadequate response to treatment, including **ALL** of the following:
 - Acetaminophen or NSAID
 - Nondrug modalities, as indicated by **1 or more** of the following:
 - Biofeedback
 - Counseling
 - Physical therapy
 - Progressive muscle relaxation
 - Prophylactic treatment for frequent episodic headaches (8 to 14 per month) or chronic headaches (15 or more per month) being considered
- Education or therapy needed, as indicated by **1 or more** of the following:
 - Avoidance of headache triggers
 - Chronic pain management
 - Lifestyle and work management

Behavioral health referral for evaluation or management of **1 or more** of the following:

- Behavioral or psychiatric management of coping skills, anxiety, or depression

Substance abuse

CLINICAL INDICATIONS FOR EMERGENCY EVALUATION

- Abnormal funduscopic examination (eg, papilledema)
- Altered mental status (eg, encephalitis)
- Carbon monoxide poisoning, suspected
- Cerebral sinus thrombosis
- Cervical artery dissection
- Fever
- Focal neurologic deficit
- Headache associated with postural change
- Headache presenting suddenly "like a thunderclap"
- Headache suggestive of giant cell arteritis (eg, jaw claudication, scalp tenderness, visual disturbance, prominent or enlarged temporal arteries, elevated sedimentation rate)
- Headache triggered by exertion
- Headache triggered by Valsalva maneuver or cough
- High-risk patient, as indicated by **1 or more** of the following:

- History of head trauma
 - History or current diagnosis of cancer
 - History or current diagnosis of coagulopathy
 - History or current diagnosis of immunosuppression
 - HIV diagnosis
 - Pregnant patient
- Meningeal signs
 - Neurologic signs that are new, changing, or not explained by previously known and diagnosed stable disease
 - Seizure
 - Significant increase in severity of headache (ie, worst headache of life)
 - Space-occupying lesion on imaging study
 - Status migrainosus headache (72 hours or longer)
 - Visual signs or symptoms (eg, painful red eye associated with glaucoma, visual deficits with ophthalmoplegia associated with pituitary apoplexy)
 - Vomiting without other obvious cause

CLINICAL INDICATION FOR

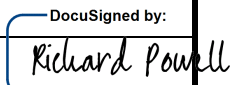
RECOMMENDED RECORDS

Please submit history and physical or progress notes that show the symptoms, exam findings, and any pertinent diagnostic tests that may have been done. (i.e. X-ray, ultrasound).

CITATION

MCG Care Guidelines 29th Edition, 03/04/2025 [MCG Releases 29th Edition of Care Guidelines with Updates for Observation Care and Cellular Therapy - MCG Health](#)

CLINICAL PROTOCOL REVISION HISTORY

Revised By:	Ashley Gonzalez, UM Project Coordinator; Konstantin Yengoyan, Supervisor, Clinical Operations	Date: 02/03/25	
Approved By:	Richard L. Powell, Chief Medical Officer	Date: 2/4/2026	Signature  FE8F6E6807B34D9
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