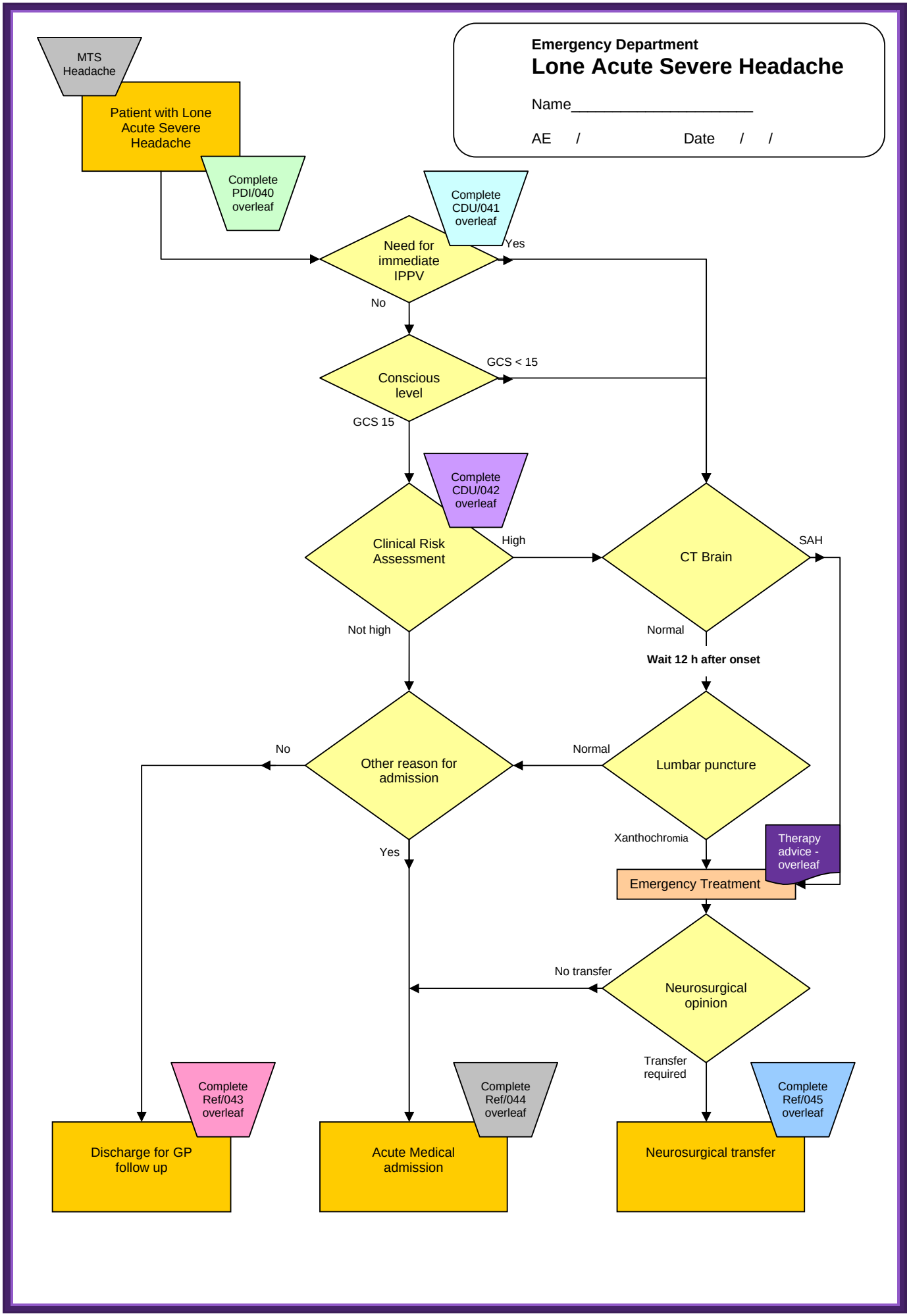
Emergency Department
Lone Acute Severe Headache
Name_____
AE / Date / /
MTS Headache
Patient with Lone Acute Severe Headache
Complete PDI/040 overleaf
Complete CDU/041 overleaf
Need for immediate IPPV
Yes
No
Conscious level
GCS < 15
GCS 15
Complete CDU/042 overleaf
Clinical Risk Assessment
High
CT Brain
SAH
Not high
Normal
Wait 12 h after onset
Other reason for admission
No
Normal
Lumbar puncture
Yes
Xanthochromia
Therapy advice - overleaf
Emergency Treatment
No transfer
Neurosurgical opinion
Transfer required
Complete Ref/043 overleaf
Complete Ref/044 overleaf
Complete Ref/045 overleaf
Discharge for GP follow up
Acute Medical admission
Neurosurgical transfer

PDI/040: SUITABILITY FOR PROTOCOL DRIVEN INVESTIGATION (ALL YES)

Abrupt onset (thunderclap) headache	Yes
Not previously diagnosed as benign by Neurologist	Yes

Order: T, P, R, BP, SpO_2, U&E, Glucose, Clotting

CDU/041: NEED FOR IMMEDIATE IPPV (ANY YES)

Airway compromise	Yes
Inadequate respiration (bradypnoea, hypoxia, significant hypercapnia)	Yes
GCS ≤8/15 (consider if GCS<12)	Yes
Hypoxia (SaO2<92% on supplemental O2 or pO2<8 kPa	Yes
Hypercarbia (pCO2>5.5 kPa)	Yes

CDU/042: CLINICAL RISK ASSESSMENT OF LONE ACUTE SEVERE HEADACHE

	H	Not H
Vomiting		
Worst headache ever		
Previous SAH		
Fits		
Cranial nerve palsy		
Neck stiffness		
Focal neurological signs		
None of the above		

Any H then high risk

MEDICAL THERAPY ADVICE

If GCS<8: Perform and document rapid neurological examination. Perform rapid sequence intubation. Proceed to CT scan asap.

GCS 9-11: Consider RSI prior to transfer to CT.

GCS 12-14: Prepare for RSI. Ensure staff competent in advanced airway management available.

Medical therapy: Nimodipine is of benefit only in proven SAH. The use of mannitol and other agents to lower ICP may be required. Antifibrinolytics (e.g. tranexamic acid) are NOT indicated.

Lumbar puncture: Bed rest is not needed after LP. Reinsert needle before removing cannula.

REF/043: SUITABLE FOR DISCHARGE (ALL YES)

Self caring and adequate social support	Yes
Normal CT scan	Yes
Normal LP 12 hours after symptom onset	Yes
Follow up arranged with GP or OPD	Yes
Discharge information given to patient	Yes

REF/044: SUITABLE FOR ACUTE MEDICAL ADMISSION (ALL YES)

REF/045: NEUROSURGICAL TRANSFER

Assess need for ventilation (if not already)	Yes
Ensure staff skilled in advanced airway management conduct transfer	Yes