

- Headaches are common in children (About 10% of school-aged children and up to 27% of teens have headaches from time to time)
- In the absence of trauma and fever, migraine and tension type headache are most common causes of headache and only occasionally is chronic headache the main presenting feature of a serious brain disease or a brain tumour.
- Careful history taking and examination must focus on excluding a secondary cause for headaches and should establish a diagnosis

History	Examination
• Establish, whether the headaches are a consequence of injury or accompanied by fever • Headache onset, duration, and severity • Associated symptoms • Family history of migraines/other relevant • Medication history - frequent pain relief medication (>x3/week) may sustain headaches • Factors that may have precipitated the headache • Impact of headache on child's education, social and family life.	• When examining a child with headache, include a full neurological examination with visual acuity and fundoscopy • Record blood pressure, GCS/AVPU Use a Headache Evaluation form

Be aware of Red flag symptoms and signs	
• Signs/symptoms of raised intracranial pressure (eg vomiting-esp. early am, pain worsened by strain/cough/sneeze) • Occipital headaches • Worsening headaches, more severe or continuous • Neurological deficit/loss of milestones/personality change or change in behaviour • Weight loss	• A very young child with a headache • A child that is awakened by the pain of a headache • Headaches that start very early in the morning • Sudden onset of pain and the "worst headache" ever • Changes in vision • Weakness in the arms or legs, or balance problems • Seizures or epilepsy

Further evaluation and management
• Do not perform neuroimaging routinely for reassurance in the absence of neurological deficit. • Discuss with Paediatrics or ED consultant if neuroimaging is intended. (In the absence of neurological deficit the likelihood of a brain tumour is 0.01%) • Discuss with Paediatric team or ED consultant if any concerns or presence of one or more red flag signs/symptoms regarding the next steps in investigation. • Blood tests are rarely helpful in afebrile headaches • Advise optician review if visual acuity concerns • Provide the patient/family with a headache diary. Headache diary recordings over a minimum of 2/52 are an essential requirement in the assessment of children with headache; if possible, it should be the child's responsibility. • If applicable, arrange f/u in Monday Paeds Registrar clinic for headache diary discussion. (Fill in pink referral form with clinic details and copy of notes to A&E receptionist) • Provide safety netting advice • Management of headache includes the promotion of healthy life style with regular drinks and meals, sleep and exercise. Avoid excessive time spent on computing devices.