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Patient Name ______________________________

Age ____________

Pediatric Headache Diary

Day of week				
Date				
Time of onset				
Duration (hours/minutes/days)				
Location (forehead, temples, back of head, generalized, etc.)				
Type of pain (throbbing, piercing, tight band-like, pressure, etc.)				
Severity of pain (Circle one)	Mild Severe 1 2 3 4 5 6 7 8 9 10	Mild Severe 1 2 3 4 5 6 7 8 9 10	Mild Severe 1 2 3 4 5 6 7 8 9 10	Mild Severe 1 2 3 4 5 6 7 8 9 10
Symptoms (Circle all that apply)	Nausea Vomiting Dizziness Confusion Noise sensitivity Numbness/tingling Light sensitivity Flashing lights Blurred vision Double vision Loss of vision Other ____________	Nausea Vomiting Dizziness Confusion Noise sensitivity Numbness/tingling Light sensitivity Flashing lights Blurred vision Double vision Loss of vision Other ____________	Nausea Vomiting Dizziness Confusion Noise sensitivity Numbness/tingling Light sensitivity Flashing lights Blurred vision Double vision Loss of vision Other ____________	Nausea Vomiting Dizziness Confusion Noise sensitivity Numbness/tingling Light sensitivity Flashing lights Blurred vision Double vision Loss of vision Other ____________
Treatment or medication taken (Include name/dose and time med taken or other treatment initiated)				
Effect of treatment (partial/total relief, time to relief, etc.)				
Contributing stressors/ events prior to headache onset				
All food/drink consumed in past 24 hours				
Comments				

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Patient Name ______________________________

Age ________

Pediatric Headache Diary

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All food/drink consumed in past 24 hours				
Comments				

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Pediatric Headache
Parent/Patient Information

Overview of headache in children and adolescents

Headache is a frequent complaint of children and adolescents. When headaches become severe enough to interfere with your child's and family's activities, medical intervention is advised. Your primary care physician can initiate an evaluation that offers effective recommendations to help and/or resolve your child's headaches. If your child experiences increasing severity and frequency of headache symptoms, a referral to a pediatric neurologist should be considered.

There are many different causes of headache in children and adolescents. First, there's a primary headache, which is not caused by another underlying condition. Migraine and tension headaches are two common types of primary headaches. Next, there's a secondary headache, which results from underlying conditions, such as ear, nose and throat infections, trauma to the head or neck, allergies, dental problems or rarely, brain tumors. These children frequently have other symptoms other than a simple headache. Some medications used to treat other conditions can cause secondary headaches as well. Of the primary headache conditions, tension headaches are more common, but usually less disruptive than migraine headaches. Stress, poor sleep, caffeine intake, dehydration and other conditions such as depression and anxiety can influence headache frequency and intensity.

The first step in the evaluation and management of childhood headaches is to determine whether there is a primary or secondary cause. First, consider when the head pain occurs. What was your child like 30 minutes before the headache? What time of day do they tend to occur? Are they most common at the end of the day, early morning or the middle of the night? Are they stressed about school, friends, teachers or family? Are their weekends and summers free of headaches? The vast majority of headaches that present in the afternoon or evening are tension headaches. Are they taking a new medication? Did they get hit in the head or sustain an impact to any other part of the body at an athletic event? You can also keep a log or journal of the details of your child's headaches to get a better idea of what may be causing them.

Evaluation and diagnosis of headaches should include your child's history of head pain, carefully considering medical and social factors such as your child's age, health and activities in and out of the home. Treatment includes medications and strategies to be used when a headache occurs as well as those to prevent a headache. Adjustments in lifestyle and behavior patterns of your child are as important as the medication choices. A family-centered strategy for diagnosis and treatment is specific to your child's age and development. Open communication between you and your child's physician must continue beyond the initial office visit because readjustments in the treatment plan may be needed to maintain your child's health and well-being.

Headache prevention strategies

- Get at least nine to 10 hours of sleep each night.
- Eat regular meals three times per day. Do not skip breakfast.
- Stay well-hydrated.
- Avoid caffeine or keep caffeine to a minimum – no more than two to three servings per week and especially avoid caffeine in the evening to prevent difficulty getting to sleep and/or staying asleep.
- Minimize stress by allowing for a minimum of two hours per day of unscheduled time for relaxation.
- Avoid using electronic devices (cell phones, computers, iPads, MP3 players, etc.) starting a minimum of two hours before bedtime.
- Moderate exercise can help to decrease stress.
- Limit over-the-counter medications such as acetaminophen and ibuprofen to no more than two to three times per week.

Nonpharmaceutical strategies for headache relief

- Apply heat pack/heating pad to back of neck.
- Hot showers or baths can help to relax you and decrease the pain.
- Relaxation techniques such as yoga, listening to quiet music, recordings of nature sounds or a quiet program on TV can help distract you from the pain.
- Consider what your child ate for the last meal before the headache began. Keep this on a headache diary. If you see a pattern, these foods may be triggers for their headaches and should be avoided in the future.
- Avoid stressful situations, loud noises, bright lights and vigorous activity until your headache improves.
- Sleep helps many people during a bad headache.
- Resume normal school and work activities as soon as possible – absence from school and work may add stress and can aggravate the headache cycle.
- Biofeedback training can be very helpful. Call for an appointment with University Hospitals Rainbow Babies & Children's Hospital Pediatric Psychology – **216-UH4-KIDS** (216-844-5437).

Resource information

"Migraine for Dummies" by Diane Stafford and Jennifer Shoquist (available at your local library or bookstore)

National Headache Foundation: www.headaches.org

American Headache Society Committee for Headache Education: www.achenet.org

Migraine Research Foundation: www.migraineresearchfoundation.org

American Pain Foundation: www.painfoundation.org

American Academy of Neurology: www.aan.com/patients

National Institute of Neurological Disorders and Stroke: www.ninds.nih.gov

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Preventive treatment

The goal of preventive treatment of childhood headache is reduction in frequency of headaches to one to two per month. Both medications and nonmedication approaches, such as biofeedback and relaxation techniques, should be considered.

Nonpharmacological therapies include:

- Biofeedback
- Relaxation techniques
- Physical therapy
- Acupuncture

Typical preventive medications for tension headaches include:

- Amitriptyline (Elavil) 10 mg at bedtime for a week, then 20 mg at bedtime for the next week. Maximum dose would be 1 – 2 mg/kg/day. The patient needs to know that this medication typically takes two to three weeks to begin working. Consider obtaining a screening ECG to assess for prolonged QT syndrome before starting amitriptyline.
- Topiramate (Topamax) has also been found to be helpful in tension headaches. Typical starting dose is 25 mg at bedtime for a week, increasing to 25 mg twice a day for the next week, up to 50 mg twice a day. This medication can cause some focusing and concentration issues.

Migraine preventive medications:

- Amitriptyline (the same dosing as described in tension headaches): This medication can be very helpful for patients experiencing chronic daily headaches with intermittent migraines.
- Topiramate (see above for tension headaches).
- Calcium channel blockers such as Verapamil: Seems to work best for older adolescents with headaches. Starting dose is 4 mg/kg/day. The dose can be titrated up to 9 mg/kg/day. Maximum 480 mg/day. Most patients do well on 120 – 240 mg/day, given in the morning.
- Cyprohepatdine (Periactin): This is the most common medication used for young children with migraine. It can have a significant effect on appetite and can also cause drowsiness. Starting dose is .25 mg/kg. The dose can be titrated up to 12 – 16 mg/day, divided two to three times a day.

Watch for "over-the-counter rebound headaches" or analgesic rebound headaches

Some patients with a history of intermittent headaches can transform into having a chronic daily headache due to overuse of the over-the-counter medication. Use of acetaminophen and ibuprofen should be limited to no more than two to three times a week. Some of the over-the-counter analgesics contain caffeine (such as Excedrin Migraine) and patients can develop caffeine withdrawal headaches from frequent use of this medication as well. If the patient needs acute treatment for headache more than two to three times a week, strong consideration should be given to other strategies, such as biofeedback and relaxation approaches, or a daily preventive medication.

Pediatric headaches: When to consider a referral to a pediatric neurologist

- **Headaches associated with any neurological deficit such as gait disturbance, weakness or change in speech, confusion or other mental status changes**
- **Headaches associated with seizures, fainting or exertion**
- **Headaches that do not respond to the acute and/or preventive treatment plan**
- **Abnormal imaging finding**
- **Significant missed school days**
- **Extreme parental anxiety that is persistent despite attempted interventions by the primary care physician**

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Key Considerations for the Evaluation and Management of **Pediatric Headache Disorders**

Assessment

The key points to the assessment of the pediatric patient presenting with headache are to determine whether this is a primary headache versus a headache secondary to an underlying illness. It is key to perform a complete history and physical in these patients to help discern between these types of headaches.

History

- What do you think is the cause of your headaches?
- When did the headaches start?
- Can you tell when they are coming?
- What brings them on?
- How many different headaches do you have?
- How do you feel in between headaches?
- Frequency and duration?
  - How long do they last?
  - Are they getting worse?
- Location/quality:
  - What do they feel like ("point to where it hurts the most")
    - Throbbing: migraine
    - Squeezing/band-like: tension
  - Unilateral/bilateral
  - With neck pain?
  - Occipital (has higher association with a central nervous system lesion)
- Time of day
- Morning versus afternoon (do they wake child up from sleep?)
- Stressors
- Triggers
- Worse with activity or exertion?
- Does coughing or sneezing bring on a headache?
- Are the headaches only in school? Are weekends headache-free?
- How many missed school days?
- Frequency of headaches during the school year versus the summer
- New medicines
- Association with menstrual cycle
- Caffeine intake
- Any new diet you are on?
- Sleep history
- Recent trauma
- Family history of headaches/migraines
- What do you think is the cause of your headaches?
- Can you draw how you feel when you have a headache?

Physical examination

In primary headache disorders, there should not be any abnormal examination findings.

- Complete general physical exam
  - Look for hypo/hypertension
  - Jaw click (assessing for temporomandibular joint disease)
  - Facial tenderness (sinusitis)
  - Range of motion at neck
    - Pain or electric shock during neck flexion
  - Thyroid swelling/lymphadenopathy
  - Recent weight loss/gain
  - Neurocutaneous findings:
    - Hypopigmented or hyperpigmented birth marks
    - Scalp hemangiomas
- Neurologic exam
  - Papilledema, ophthamoplegia (limitation of eye movements)
  - Hyper-reflexia
  - Any focal findings
  - Babinski sign
  - Head size (macrocephaly)

Diagnosis: Primary versus secondary headaches

Primary headaches

Migraine

- A paroxysmal headache separated by symptom-free intervals
- Chronic disorder
  - One headache does not make a diagnosis of migraine
- Associated symptoms include:
  - Photophobia, phonophobia, nausea, vomiting, intense desire to sleep, abdominal pain, motion sickness, irritability, dizziness, etc.
- Genetics: 75 percent positive family history

Migraine in children

- Duration is usually shorter than in adults
  - 50 to 80 percent are less than two hours
- Location
  - More likely to be bilateral in kids
  - Unilateral in adults
- Associated features are more variable
  - Harder for kids to describe symptoms

Migraine variants

A recurrent symptom that may not include headache, which presents in a child, associated with symptom-free intervals. Common migraine variants include benign paroxysmal vertigo of childhood, benign paroxysmal torticollis of childhood and cyclic vomiting syndrome. These are a diagnosis of exclusion and require neuroimaging.

Complicated migraines

Migraine associated with a focal neurological deficit. Most commonly seen is hemiplegic migraine. Others include basilar artery migraine (occipital headache with nystagmus, dizziness, ataxia, bilateral blurred vision), ophthalmoplegic migraine (associated with a third nerve palsy), and migraines with aphasia. These are a diagnosis of exclusion and require neuroimaging, including an MRI of the brain with contrast and an MRA of the intracranial vessels. Vasoconstrictive medications such as the triptans are CONTRAINDICATED in complicated migraines.

Tension

- Headaches lasting 30 minutes to seven days
- May be episodic < 10 days a month
- Chronic > 15 days per month
- At least two of the following:
  - Bilateral pain
  - Pressing or tightening sensation
  - Nonpulsatile
  - Mild to moderate pain
  - Not aggravated by routine physical activity
- Both of the following:
  - No nausea or vomiting
  - Photophobia or phonophobia, not both

Secondary headaches

Screen for associated conditions that can typically present with headache including:

- Allergies
- Asthma
- Rheumatologic or other inflammatory disorders
- Thyroid disorders
- Primary sleep disorder
- Sinus disease
- Need for glasses
- Concurrent medications that may have headache as a side effect (especially stimulants used to treat attention deficit hyperactivity disorder)
- Adolescent depression or anxiety disorder
- Emotional disorders
- School stressors such as bullying
- Head trauma

Neuroimaging is not felt to be necessary in a pediatric patient without aspects of the history that raise concern (see below) and a normal general and neurological examination. MRI of the brain with contrast would be the imaging modality of choice. A magnetic resonance angiogram (MRA) of the intracranial vessels should be ordered along with the MRI of the brain if the patient has a complicated migraine (migraine with a focal neurological deficit). A CT scan of the brain should be considered for a patient with a new, sudden severe headache.

When to order neuroimaging

- Recent change in the character of the headaches
- Patient claims it is "the worst headache of their life"
- Acute, new onset headache that is getting progressively worse
- Chronic progressive headache
- Pain with exertion or straining
- Morning headaches or vomiting
- Headaches that wake the child up from sleep
- Abnormal neurologic exam
- Seizures
- Complicated migraine or migraine variants
- Macrocephaly
- Neurocutaneous findings
- Headaches presenting in a child 6 years of age or younger
- Past or present history of malignancy

Acute treatment

Acute (abortive) treatment

The goal of acute treatment of childhood headache is a good response to the medication with the least amount of side effects. The child should be able to resume his or her normal activities that day.

Tension headache

Acute treatment for tension headaches typically involves nonsteroidal anti-inflammatory agents (NSAIDS) such as ibuprofen 10 mg/kg at the onset of the headache. An additional 5 mg/kg dose can be given in one hour if the headache persists. See below regarding analgesic rebound headaches.

Migraine headache

Acute treatment for migraine headaches can also start with NSAIDS like ibuprofen 10 mg/kg at the onset of the headache. If the headache persists, an additional 5 mg/kg could be considered. In an adult-sized child, 400 – 600 mg of ibuprofen at the onset of the headache, repeating 200 mg in an hour with food if the headache persists.

Many of the abortive medications commonly used are not FDA approved for use in the pediatric population. For example, of the class of medications developed specifically for migraine attacks called triptans, to date, only almotriptan (Axert) is approved for use in adolescents.

Listed below are the other medications commonly used as abortive therapy to stop a migraine attack. ***Keep in mind, not all are FDA approved for use in pediatrics.***

Triptans

- > 2 doses a week can cause rebound headache
- These are vasoconstrictive agents so are contraindicated in complicated migraine

Potential side effects of triptans include a tight feeling or tingling of neck, face (especially jaw) and chest; mild drowsiness and hypertension. Vasoconstrictive effects are not limited to the brain, so they are contraindicated in patients with coronary artery disease, pregnancy, hypertension and complicated migraine. A potential serious complication, although rare, is the seratonin syndrome. This consists of restlessness, hallucinations, loss of coordination, rapid heart rate, rapid change in blood pressure, increased body temp, nausea, vomiting and diarrhea.

Short-acting triptans

Sumatriptan (imitrex)

- Oral: 1 mg/kg (50 mg max)
- Subcutaneous injection: .06 mg/kg (6 mg max)
- Nasal spray: 5 mg (4 – 6 years)
  10 mg (7 – 11 years)
  20 mg (> 12 years)

Zolmitriptan (zomig)

- 1.25 mg (6 – 8 years)
- 2.5 mg (9 – 12 years)
- 5 mg (> 12 years)
  - Repeat dose in two hours, if needed

Rizatriptan (maxalt)

- 2.5 mg (6 – 8 years)
- 5 mg (9 – 11 years)
- 10 mg (if > 100 lbs)
  - Repeat dose in two hours, if needed

Intermediate-acting triptans

- Almotriptan (Axert) 12.5 mg
- Eletriptan (Relpax) 20 – 40 mg

Long-acting triptans

- Naratriptan (Amerge) 1 mg
- Frovatriptan (Frova) 2.5 mg
  - Used in menstrual migraine. Take one the day prior to starting menstrual symptoms and one daily until end of menstrual cycle.

Additional medications

- Butalbital/acetaminophen/caffeine (Fioricet)
  - ½ tab (6 – 9 years)
  - ¾ tab (9 – 12 years)
  - 1 tab (> 12 years)
- Depakote ER
  - 500 mg/day

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Pediatric Headache
Tension Headache Care Plan

Patient name _____ Date _____

Provider name _____ Phone number _____

Overview of tension headaches

- Tension headaches are the most common type of headache. They are commonly referred to as stress headaches.
- Tension headaches usually do not keep a person from performing daily tasks.
- There are two general classifications of tension-type headache: episodic and chronic. They are differentiated by frequency and severity of symptoms.
- Tension headache may be described as a mild to moderate band-like pain, tightness or pressure around the forehead or back of the head and neck.
- These headaches may last from 30 minutes to several days.

Preventive strategies

- Take your medication as prescribed.
- Keep your medication with you at all times. Make sure you fill your prescription before you run out of medication.
- Get at least nine to 10 hours of sleep each night.
- Eat regular meals three times per day. Do not skip breakfast.
- Stay well hydrated.
- Minimize use of over-the-counter pain relief medication, as overuse of these medications can cause rebound headaches.
- Avoid caffeine or keep caffeine to a minimum – no more than two to three servings per week and especially avoid caffeine in the evening to prevent difficulty getting to sleep and/or staying asleep.
- Minimize stress by allowing for a minimum of two hours per day of unscheduled time for relaxation.
- Utilize relaxation techniques such as yoga, listening to quiet music and recordings of nature sounds to help decrease stress and/or anxiety.
- Avoid using electronic devices (cell phones, computers, iPads, MP3 players, etc.) starting a minimum of two hours before bedtime.

My medications

Symptomatic treatment – What I take when I get a headache:

Medication name _____

Dose _____ Frequency _____

Medication name _____

Dose _____ Frequency _____

Directions for medication administration

_____

_____

_____

Preventive treatment – What I take every day to prevent headaches:

Medication name _____

Dose _____ Frequency _____

Medication name _____

Dose _____ Frequency _____

Directions for medication administration

_____

_____

_____

(continued on other side)

Other strategies for headache relief

- Apply heat pack/heating pad to back of neck.
- Hot showers or baths can help to relax you and decrease the pain.
- Relaxation techniques such as yoga, listening to quiet music, recordings of nature sounds or a quiet program on TV can help distract you from the pain.
- Biofeedback training can be very helpful. Call for an appointment with University Hospitals Rainbow Babies & Children's Hospital Pediatric Psychology – 216-UH4-KIDS (216-844-5437).
- Avoid stressful situations, loud noises, bright lights and vigorous activity until your headache improves.
- Resume normal activities (school, work) as soon as possible – absence from school and work may add stress and can aggravate the headache cycle.

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Pediatric Headache
Migraine Headache Care Plan

Patient name _____ Date _____

Provider name _____ Phone number _____

Overview of migraine headaches

- Migraine headaches typically involve intense pain on both sides of the head, frequently in the forehead and/or temple area. The pain has a pulsating, pounding or throbbing quality. It can be so intense that it affects daily activity. Exertion, such as climbing stairs, may make the headache worse.
- Some people experience other symptoms during a migraine headache such as nausea and vomiting with or without abdominal pain, dizziness or a spinning feeling, or sensitivity to light or sound.
- Some experience a visual disturbance or an aura prior to the onset of the migraine headache. They may see flashing lights, zigzag lines or may temporarily lose vision. Others may experience tingling of the face or hands.
- Migraine headaches associated with weakness on one side, difficulty speaking or difficulty walking should result in a call to your doctor immediately.

My medications

Symptomatic treatment – What I take when I get a headache:

Medication name _____

Dose _____ Frequency _____

Medication name _____

Dose _____ Frequency _____

Directions for medication administration

_____

_____

_____

Preventive treatment – What I take every day to prevent headaches:

Medication name _____

Dose _____ Frequency _____

Medication name _____

Dose _____ Frequency _____

Directions for medication administration

_____

_____

_____

(continued on other side)

Common migraine triggers

- Food:
  - Nitrites: bacon, sausage, hot dogs, lunch meat/deli meat, smoked foods
  - MSG (monosodium glutamate) – CHECK LABELS
  - Aged cheeses, especially cheddar
  - Caffeine
  - Alcohol, especially red wine
  - Chocolates (less common)
- Bright sunlight (wear sunglasses)
- Strong smells (perfume, gasoline, smoke)
- Smoking cigarettes
- Skipping meals – especially breakfast
- Over or under sleeping – you need nine to 10 hours per night
- Weather changes
- Dehydration/not drinking enough
- Stress – both good and bad stress (birthdays, vacations, exams, holidays, etc.)
- Menstrual cycle for adolescent girls
- Illness

Know your headache triggers and work to avoid these situations. Keeping a headache diary to track day of week, time of day, activities and dietary intake prior to headache onset help you to identify things you can do to avoid/prevent headaches in the future.

Other strategies for headache prevention and relief

- Take your medication as prescribed.
- Keep your medication with you at all times. Make sure you fill your prescription before you run out of medication.
- Biofeedback training can be very helpful. Call for an appointment with University Hospitals Rainbow Babies & Children's Hospital Pediatric Psychology – 216-UH4-KIDS (216-844-5437).
- Applying a heat pack/heating pad to back of neck may help decrease the pain.
- Hot showers or baths can help to relax you and decrease the pain.
- Relaxation techniques such as yoga, listening to quiet music, recordings of nature sounds or a quiet program on TV can help distract you from the pain.
- Avoid stressful situations, loud noises, bright lights and vigorous activity until your headache improves.
- Many patients with migraine have an "intense need to sleep," which can often help the migraine resolve.
- Resume normal activities (school, work) as soon as possible – absence from school and work may add stress and can aggravate the headache cycle.

Notes

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Pediatric Headache
History

Patient name _____ Age _____ Date of birth _____

Provider name _____ Today's date _____

1. When did the headaches begin? *Month and year*

   _____

2. How did the headaches begin?

   _____

   _____

   _____

   Is there more than one type of headache?

   ☐ Yes ☐ No

3. How long does the average headache last?

   ☐ Less than one hour
   ☐ One to six hours
   ☐ Six hours to all day
   ☐ Two or three days
   ☐ Almost continuous

4. How often do these headaches occur?

   ☐ Almost continuous
   ☐ Once a month
   ☐ Once a day
   ☐ More than once a day
   ☐ Once a week
   ☐ Several per week
   ☐ Twice a month
   ☐ Every other month
   ☐ Less than six per year
   ☐ Once a year or less

5. What is the quality of the headache?

   ☐ Pressure
   ☐ Sharp
   ☐ Burning
   ☐ Band-like aching
   ☐ Throbbing or pounding
   ☐ Sticking
   ☐ Vague ache
   ☐ Not any of the above

6. When do the headaches tend to occur?

   ☐ On arising in the morning
   ☐ Before or after meals
   ☐ During sleep
   ☐ Afternoon
   ☐ Evening
   ☐ No pattern

7. What is the location of the headache?

   ☐ Right side
   ☐ Left side
   ☐ Generalized
   ☐ Forehead
   ☐ Over the temples
   ☐ Over the top of the head
   ☐ Over the back of the neck
   ☐ In the neck

8. Are the headaches increased by:

   ☐ Coughing or straining
   ☐ Emotional stress (tension)
   ☐ Bright light
   ☐ Lack of sleep
   ☐ Physical stress
   ☐ Other factors

9. Are the headaches diminished by:

   ☐ Rest/sleep

   ☐ Medications (including date and highest dose used):

   _____

   _____

   _____

   ☐ Other factors

   _____

   _____

   _____

(continued on other side)

10. Do any of the following symptoms precede or accompany the headache?

- ☐ Spots or lights before the eyes
- ☐ Nausea or vomiting
- ☐ Redness or tearing of the eyes
- ☐ Stomach pain
- ☐ Light bothering your eyes
- ☐ Fatigue
- ☐ Sensitivity to sound
- ☐ Personality changes
- ☐ Stuffiness or drainage from nostril
- ☐ Other symptoms not listed above
- ☐ Tenderness of the scalp
- ☐ Other symptoms not listed above

_____

_____

11. Are the headaches growing:

- ☐ More severe
- ☐ Less severe
- ☐ More frequent
- ☐ Less frequent
- ☐ Longer in duration
- ☐ Shorter in duration
- ☐ More intense
- ☐ Less intense

12. Have the headaches:

- ☐ Remained about the same since onset
- ☐ Become worse
- ☐ Become better

13. Have you ever been hospitalized because of the headaches?

- ☐ Yes
- ☐ No

When and where?

_____

_____

14. What medications are you now taking for the headaches?

_____

_____

_____

_____

15. What medications have you taken in the past?

_____

_____

_____

_____

16. Does anyone in the family have similar headaches?

- ☐ Yes
- ☐ No

If yes, who (relationship):

_____

17. What do you think is causing the headaches?

_____

_____

_____

_____

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Pediatric Headache
Toolkit and Care Plans

Tools

1. Key Considerations for the Evaluation and Management of Pediatric Headache Disorders
2. Pediatric Headache History
3. Pediatric Headache Diary
4. Pediatric Headache: Tension Headache Care Plan
5. Pediatric Headache: Migraine Headache Care Plan
6. Pediatric Headache: Parent/Patient Information

University Hospitals Rainbow Babies & Children's Hospital resources

Physicians, patients and families can access the below resources through the main phone number at 216-UH4-KIDS (216-844-5437).

- **Pediatric neurology** – For assistance with headaches associated with any neurological deficit, seizures, fainting or exertion; for assistance with headaches that do not respond to the acute and/or the preventive treatment plan. Also for post-concussion recurrent headache or trauma-induced migraines.
- **Pediatric psychology** – For assistance with biofeedback training for patients with chronic headache or headaches associated with stress and/or anxiety.
- **Pediatric sleep medicine** – For evaluation of patients with headaches related to sleep disorders.
- **Pediatric allergy and immunology** – For assistance with headaches related to allergies.

Pediatric headache toolkit/carepath authors and/or reviewers

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Resources and references

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Websites

National Headache Foundation: www.headaches.org

American Headache Society Committee for Headache Education: www.achenet.org

Migraine Research Foundation: www.migraineresearchfoundation.org

American Pain Foundation: www.painfoundation.org

American Academy of Neurology: www.aan.com/patients

National Institute of Neurological Disorders and Stroke: www.ninds.nih.gov

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Pediatric Headache Toolkit

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Contents include:

- Pediatric Headache Toolkit and Care Plans
- Key Considerations for the Evaluation and Management of Pediatric Headache Disorders
- Pediatric Headache History (pad of 25)
- Pediatric Headache Diary (pad of 25)
- Pediatric Headache: Tension Headache Care Plan (pad of 25)
- Pediatric Headache: Migraine Headache Care Plan (pad of 25)
- Pediatric Headache: Parent/Patient Information (pad of 25)

To receive a restock of any of these materials, please call the UH Rainbow Care Network office at 216-844-1509.