New onset headache with rapidly increasing severity
OR
Headache associated with focal neurological complaint (diplopia, transient visual obscurations, weakness, or ataxia)

EXAM: Papilledema, cranial nerve palsy, focal weakness, ataxia, fever or meninigismus

SUGGESTED PREVISIT WORKUP
Contact pediatric neurology and anticipate sending patient to Emergency Department for neuroimaging +/- lumbar puncture
MRI brain is the preferred imaging study

SUGGESTED WORKUP
Referral to pediatric neurology recommended and patient will be seen within 4-6 weeks
Imaging often not required

SUGGESTED MANAGEMENT
Address LIFESTYLE risk factors for headache (see below) and consider trial of supplements
Magnesium oxide 400 mg QD*
AND
Riboflavin 100 mg QD*
OR
CoEnzyme Q10 200 mg QD*
OR
Melatonin 3 mg QHS*
*recommend decreased dose by 50% for age less than 8 years

CLINICAL PEARLS
- 80-90% of children diagnosed with migraine have a positive family h/o migraine headaches, often in a parent.
- Migraine is common affecting 3% of 3-7 year olds, 4-11% of 7-11 year olds and 8-23% of 11-15 year olds.
- Migraine is frontotemporal in location; unilateral or bilateral; moderate to severe in intensity; increases in severity with activity; associated with nausea/vomiting OR photo/phonophobia; resolves often after sleep; can be associated with aura prior to headache onset.
- Tension headache is bilateral in location, mild to moderate in intensity, NOT aggravated by activity; NOT associated with nausea/vomiting or photo/phonophobia.
- Sleep: Insure that children are getting 10-11 hours per night and teenagers 8-9 hours per night; consider trial of melatonin to help sleep initiation.
- Nutrition: Eat breakfast every day and small meals throughout the day; avoid food triggers such as nitrates, MSG, chocolate, hard/aged cheeses.
- Hydration: Insure adequate hydration daily.
- Caffeine: limit or eliminate caffeine intake and use only for acute treatment of intermittent migraine in adolescents.
- STRESS: consider counselling, biofeedback, massage, osteopathic or chiropractic (low-velocity) treatments, acupuncture/acupressure, hypnosis.

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.