



Objectives: Headache

1. In a patient with a new-onset headache, differentiate between benign and serious pathologies through history and physical examination.
2. Given a patient with a worrisome headache suggestive of serious pathology (e.g. meningitis, tumour, temporal arteritis, subarachnoid bleed):
 - a. Do the appropriate workup (e.g. biopsy, CT, lumbar puncture, ESR).
 - b. If appropriate, begin timely treatment while awaiting results (e.g. treat temporal arteritis and meningitis before diagnosis is confirmed).
 - c. Do not assume that relief of symptoms with treatment excludes serious pathology.
3. Given a patient with a history of chronic and/or relapsing headache (e.g. tension, migraine, cluster, narcotic-induced, sinus), treat appropriately and avoid narcotic, barbiturate dependence.
4. In a patient with a history of suspected subarachnoid bleed and a negative CT scan, arrange for a lumbar puncture.
5. In a patient suffering from acute migraine headache:
 - a. Treat the episode
 - b. Assess the ongoing treatment plan
6. In patient with chronic daily headache:
 - a. Consider prophylactic treatment depending on the subtype of headache
 - b. Evaluate any new headache or headaches with new symptoms

** Mapped to the CFPC's 105 priority topics: #45-Headache