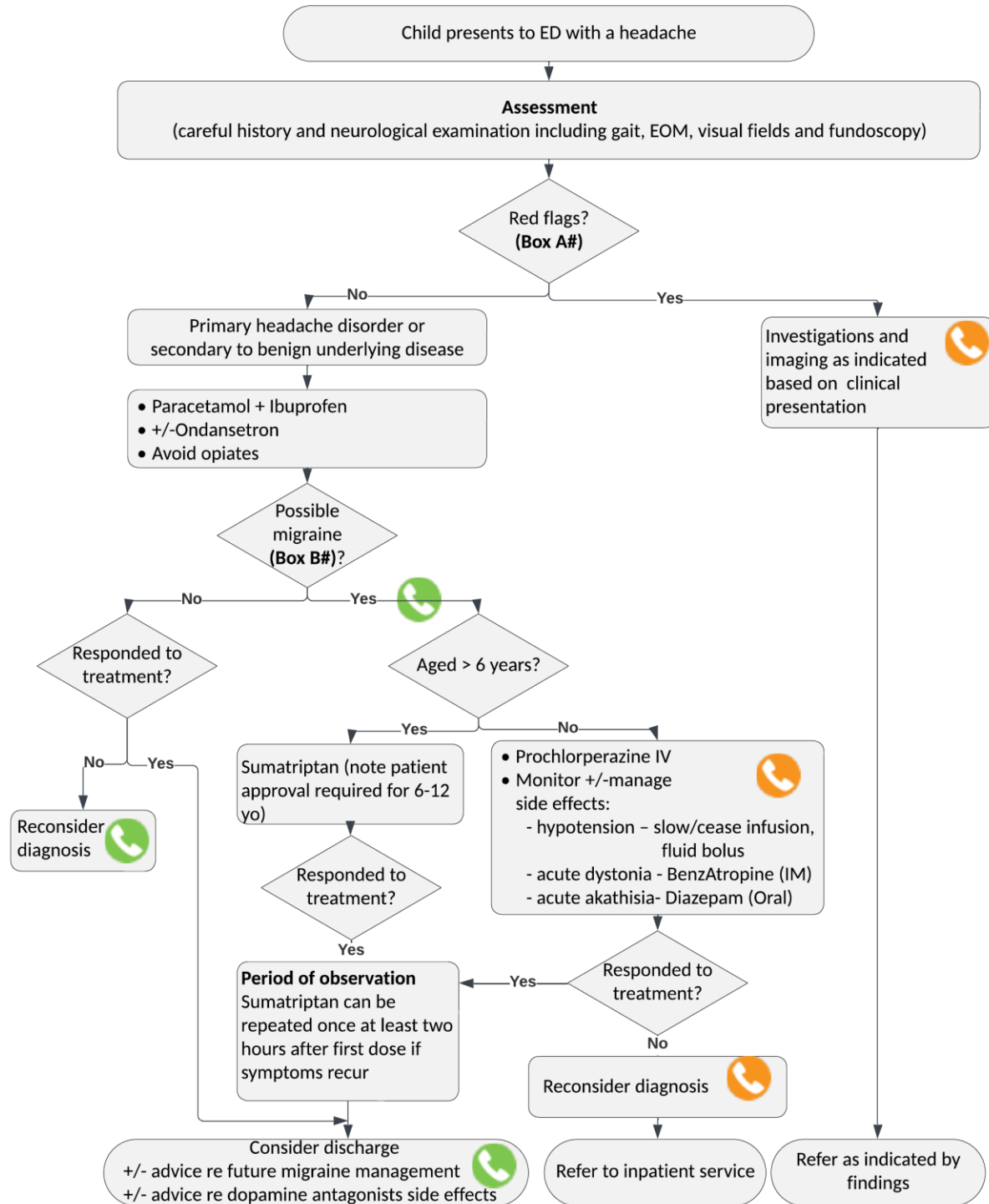


Headache - Emergency management in children



See next page for Box A and B

Consider seeking senior emergency/paediatric advice as per local practices

Seek senior emergency/paediatric advice as per local practices



Box A: Red flags suggestive of serious underlying pathology

- worsening headache with fever
- sudden onset headache reaching maximum intensity within 5 minutes
- new-onset neurological deficit (transient or sustained)
- new-onset cognitive dysfunction or personality change
- impaired level of consciousness
- head trauma in previous 3 months
- headache triggered by cough, valsalva, or sneeze
- headache causing night waking
- early morning headache +/- vomiting
- headache triggered by exercise
- headache that changes with posture
- clinical features of glaucoma
- significant change in characteristics of headache
- atypical aura
- compromised immunity (e.g. HIV)
- history of malignancy
- vomiting without other obvious cause

Simple analgesia dosing in children

Paracetamol (Oral)	15 mg/kg to maximum of 1 g every four hours, maximum 4 doses in 24 hours
Ibuprofen (Oral)	10 mg/kg to maximum of 400 mg every six to eight hours, maximum 3 doses in 24 hours

Sumatriptan dosing for the acute abortive management of a migraine in children over 6 years

Sumatriptan (intranasal*/PO)	20 mg (maximum 40 mg in 24 hours). IPA for children 6-12 years as non LAM.
Contraindications	Ergotamine, cardiac disease, SSRIs

*Intranasal sumatriptan is discontinued and supply is likely to be exhausted in 2024

Dopamine antagonist dosing for the acute abortive management of a migraine in children

Prochlorperazine (Stemetil) (IV)	0.15 mg/kg (maximum 12.5 mg) as a slow IV push over 2-5 minutes Followed by 20ml/kg sodium chloride 0.9% up to maximum of 1 L administered over one hour if deemed necessary
OR Chlorpromazine (Largactil) (IV)	0.25 mg/kg in 10-20 mL/kg sodium chloride 0.9% up to maximum of 1 L administered over 30 minutes
OR Metoclopramide (Maxolon) (IV)	0.2 mg/kg to maximum of 10 mg
Side effects	Extrapyramidal symptoms such as akathisia and dystonic reactions

BenzAtropine dosing for the treatment of acute dystonia in children

BenzAtropine (IV/IM)	0.02 mg/kg (to maximum adult dose of 1 mg) in children aged more than three years. Give undiluted. IM route preferred. If IV route is necessary, give undiluted by rapid injection over at least 1 minute. May repeat in 15 minutes.
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Diazepam dosing for the treatment of acute akathisia in children

Diazepam (PO)	0.04 – 0.2 mg/kg (to maximum adult dose of 2-10 mg) every eight to twelve hours
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Box B: Migraine description

Migraine without aura	Migraine with aura
<ul style="list-style-type: none"> at least two of the following: <ul style="list-style-type: none"> bilateral or unilateral location pulsating moderate to severe pain made worse with activity at least one associated symptom (nausea, vomiting, photophobia or phonophobia) 	Aura (occurring seconds to an hour prior to onset of headache) may consist of: <ul style="list-style-type: none"> visual disturbance (scintillations, gleam of light, blurred vision, blind spots) an odour paraesthesia in the hand or face.

For more information refer to [CHQ-GDL-60017 Headache – Emergency management in children](#)

