Consider CTA for symptoms present?

Are the following ED Referral dissection appropriate?
Neurosurgery Consult
Neurology versus MRI Brain w/o contrast

Anhydrosis) (Miosis/Ptosis/ Horner Syndrome Neuro deficits
Facial or neck pain

Yes

Follow Concussion protocol

Yes

Concussion suspected?

Clinical care where appropriate

No

Acute Trauma <24 H

No

New Headache care pathway

Imaging NOT appropriate

- Consider as appropriate:
  - Referral Neurology
  - MD2MD phone
  - Econsult

Significant Positive Results include:
- demyelination
- White matter changes consistent with
- Mass
- Hemorrhage
- Stroke
- Meningitis (fever / nuchal rigidit)

Suspected:
- Increased bleeding risk
- Trigeminal Neuralgia (TN)
- Known or suspected malignancy
- Increased ICP (papilledema) changes and age >50)
- GCA / Temporal Arteritis (vision

MRI Rather than CT should be preformed for HA except in emergency or when contra indicated

Suspected:
- ICH
- Onset <24 h
- Focal Neuro deficit
- Include:
  - Language deficit (aphasia)
  - Visual SX (diplopia, field cut)
  - Sensory loss
  - Weakness
  - AMS

No

Clinical care as clinically warranted.

Episodic Tension HA

- consult or referral to Gen Neurology

Chronic?

months

Refractory / debilitating pain

Increase in duration

Increase in severity

Increase in frequency

No imaging referral
Neurology E consult or referral to Gen Neurology

Episodic Primary Headache

Improvement in
3 – months?

Lifestyle modifications

HA diary

PPx Medications

Triptans

OTC Analgesics

OTC medications
Lifestyle modification
HA diary

Persistent for at least 3

Refractory / debilitating pain

Increase in duration

Increase in severity

Increase in frequency

No imaging referral
Neurology E consult or referral to Gen Neurology

Existing / Chronic Headache

Neurology consult or referral as
Urgent neurosurgery, neuro
Emergency setting recommended in

MRI with and w/o contrast

does not include special
Tranquilizers (such as non MRI conditional pacemaker
Consider as appropriate:
Referral Neurology
MD2MD phone
Econsult

MRI brain w/o contrast

Suspected:

Increased bleeding risk

Trigeminal Neuralgia (TN)

Known or suspected malignancy

Increased ICP (papilledema) changes and age >50)

GCA / Temporal Arteritis (vision

White matter changes consistent with

Mass

Hemorrhage

Stroke

Meningitis (fever / nuchal rigidit)

Suspected:

ICH

Onset <24 h

Focal Neuro deficit Include:

Language deficit (aphasia)

Visual SX (diplopia, field cut)

Sensory loss

Weakness

AMS

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