HEADACHES
Level I

Skill Level: RN, LPN

Definition: The most common headaches are those associated with tension or muscle contractions. The pain tends to be steady and dull rather than throbbing. It is usually felt in the temples, forehead, neck, or back of the head. Sometimes the pain seems to encircle the head like a tight band. Headaches may occur at any time, but are most commonly experienced in mid-morning or mid-afternoon.

Subjective: • "I have a headache." • Dull, aching, constant pain/pressure in temples, forehead, neck, or back of head.	**Assessment:** • Alteration in comfort: pain related to Common Headache

Objective:
• Subjective data is sufficient for institution of treatment plan.
• No Neurological symptoms or signs: No headaches accompanied by loss of consciousness, decreased alertness or sensation, confusion, visual blurring or other neurological changes.
• No neck rigidity or fever over 100.4 F.
• History NEGATIVE for "warning signs":
  o severe headaches that are not like other headaches.
  o recurrent headaches of increasing intensity or frequency.
• No recent serious head trauma.
• Blood Pressure and Pulse may be normal or elevated.
	Plan:
	Patient education and self-care items for this protocol include:
	• Tylenol/Aspirin 1-2 tabs every 4 hours.
	• Ibuprofen 200 mg 1-2 tabs QID.
	• **Naprosyn, Aspirin, and Ibuprofen are not recommended for pain management for pregnant patients, please instruct all pregnant patients to use Acetaminophen (available in housing units) for minor pain management.**
	
	At nursing discretion may use any of the below:
	• If patient has a severe headache, new for them, with neurological symptoms or neck rigidity, or fever, consider emergency transport, go to level 2.
	• Instruct patient to return for re-evaluation in 72 hours of symptoms do not resolve and/or worsen.

Nursing Education:

1. Look for warning signs that may signify that this headache represents a serious neurological condition requiring further evaluation by a medical provider.
   - Severe headaches that are not like other headaches this patient has had in the past.
   - Recurrent headaches of increasing intensity or frequency.
2. Suggest to patient comfort measures which they can do on their own such as warm showers, cool compresses, covering the eyes, and neck or temple massage.
3. Remember the possibility of a sinus headache, a sometimes severe ache, usually behind the eyes, nose or cheeks. Sometimes these will respond to antibiotics. (See Sinusitis protocol).
4. Encourage good nutrition/hydration, routine exercise and adequate rest.
5. Sometimes, if patient is having frequent headaches and will be seeing a provider, it is helpful to have them maintain a headache diary while waiting to see the provider.

APPROVED:

Medical Services Manager	Date
Chief Medical Officer	Date
Steve Sherson MD.	2/24/2015
Medical Director	Date

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