Non-Traumatic Headache
For non-traumatic headache or head pain

**History**
- Age
- Location and duration
- Severity (0 – 10 scale)
- Past medical history
- Drug allergies and medications
- Fever

**Signs and Symptoms**
- Severity (pain scale)
- Quality (e.g., sharp, dull, or stabbing)
- Radiation
- Relation to movement or respiration
- Photophobia
- Nausea/vomiting

**Differential**
- Migraine
- Head trauma
- Intracranial hemorrhage
- Arterial hypertension
- Substance use withdrawal
- Viral/bacterial infection
- Hypoxia
- Hypercapnia

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**Assess pain severity**
Use combination of pain scale, circumstances, HPI, and illness severity

**Neurologic symptoms?**
- Yes → Stroke/CVA/TIA

**Severe pain**
- Apply cold pack *if applicable*
- Consider, IV
- Assess and monitor respiratory status
- Apply and monitor cardiac rhythm
- Consider, Ondansetron for nausea

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**Mild pain**
- Position of comfort
- Apply cold pack *if applicable*
- Low flow Oxygen

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**Notify receiving facility.**
Consider Base Hospital for medical direction
Pearls

- Use judgement in assessing pain and consider circumstances and history of narcotic use before administering narcotics.
- Pain severity (0 – 10 scale) shall be recorded before and after all BLS pain control measures and ALS pain medication delivery. Monitor blood pressure and respirations closely as pain control medications may cause hypotension or respiratory distress.
- Low flow oxygen can be used to treat cluster-type headaches.
- Patients may display a wide variation of response to opioid pain medication (Fentanyl). Consider the patient’s age, weight, clinical condition, other recent drugs, or alcohol and prior exposure to opiates when determining initial dosing.