Case Number and Demographics

Record ID	_____
Age	_____
Gender	◯ 1 Male ◯ 2 Female ◯ 3 Transgender ◯ 4 Unknown
Known Current Pregnancy	◯ 1 No ◯ 2 Yes
Referred by	◯ 1 Self ◯ 2 GP/other doctor (if not documented assume self)
Mode of Arrival	◯ 1 Private Transport/Self ◯ 2 Ambulance ◯ 3 Other
Triage Category	◯ 1 Immediate ◯ 2 Urgent (2 and 3 on a five point scale) ◯ 3 Non Urgent (4 and 5 on a five point scale)

Past Medical History and Regular Medication

Known Past Medical History
(if not documented assume No)

◯ 1 No
◯ 2 Yes
(If not documented select NO)

	No	Yes
History of recurrent headache (migraine excluded)	◯	◯
Previous migraine diagnosis	◯	◯
Previous cluster headache diagnosis	◯	◯
Previous tension headache diagnosis	◯	◯
Previous stroke/ TIA	◯	◯
Serious intracranial injury - EDH, SDH, traumatic SAH, cerebral contusion requiring hospital admission/ neurosurgery	◯	◯
Presence of a ventriculo-peritoneal shunt	◯	◯
Malignant Intracranial neoplasm - primary	◯	◯
Malignant Intracranial neoplasm - secondary	◯	◯
Intracranial neoplasm - unknown benign v malignant	◯	◯
Known benign intracerebral tumour e.g. Meningioma	◯	◯
Non-cerebral malignancy without known intracranial secondary neoplasm	◯	◯
Subarachnoid haemorrhage	◯	◯
Intracranial aneurysm without SAH	◯	◯
Intracranial hypertension	◯	◯
Known Intracranial vascular abnormality e.g.AVM	◯	◯
Other Past Medical History (not listed above and you consider relevant to the cause of headache)	◯	◯

Other Past Medical History

_____

Regular Medications Taken	◯ 1 No ◯ 2 Yes

Regular Medications (If information is NOT documented select NO)

	No	Yes
Triptan	◯	◯
Beta-blockers - propranolol, metoprolol, atenolol, bisoprolol, timolol, etc	◯	◯
Pizotifen (Sandomigran)	◯	◯
Topiramate (Topamax)	◯	◯
Tricyclic antidepressants - amitriptyline, nortriptyline, etc	◯	◯
Sodium valproate	◯	◯
Candesartan	◯	◯
Verapamil	◯	◯
Botulinum toxin	◯	◯
Anticoagulants - Novel Oral Anticoagulants (NOAC), warfarin, Vit K antagonist	◯	◯
Long term use of codeine preparations	◯	◯
Other opioids	◯	◯

Clinical History and Clinical Examination

Duration of Symptoms	◯ 1= < 24 hours ◯ 2= 1-3 days ◯ 3= >3 days ◯ 4= Unknown
Onset of Symptoms	◯ 1 Gradual ◯ 2 Sudden/Thunderclap (peaking instantly or almost) ◯ 3 Peak within 1 hour but not instant ◯ 4 Unknown
Location of Headache	◯ 1 Generalized ◯ 2 Unilateral ◯ 3 Unclear
Severity	◯ 1 Mild (pain score up to 3/10) ◯ 2 Moderate (pain score 4-7/10) ◯ 3 Severe (pain score 8 or more/10) ◯ 4 Unclear
Worst headache ever?	◯ 1 No ◯ 2 Yes (If not documented select NO)
Head Trauma within the last week	◯ 1 No ◯ 2 Yes
Relationship to exertion	◯ 1 No ◯ 2 Yes (If not documented select NO)
Relationship to sexual activity	◯ 1 No ◯ 2 Yes (If not documented select NO)
Reported neck pain or stiffness	◯ 1 No ◯ 2 Yes (If not documented select NO)
Nausea or vomiting	◯ 1 No ◯ 2 Yes (If not documented select NO)
Syncope/ loss of consciousness	◯ 1 No ◯ 2 Yes (If not documented select NO)
Photophobia. Reported by patient.	◯ 1 No ◯ 2 Yes (If not documented select NO)
New limb weakness transient or current. Reported by patient.	◯ 1 No ◯ 2 Yes (If not documented select NO)

New limb paraesthesia transient or current. Reported by patient.	◯ 1 No ◯ 2 Yes (If not documented select NO)
New speech difficulty - including slurred speech, inability to speak, etc. Reported by patient.	◯ 1 No ◯ 2 Yes (If not documented select NO)
New reported visual disturbance - transient or ongoing. Reported by patient.	◯ 1 No ◯ 2 Yes (If not documented select NO)
Subjective fever or rigors. Reported by patient.	◯ 1 No ◯ 2 Yes (If not documented select NO)
Rash. Reported by patient.	◯ 1 No ◯ 2 Yes (If not documented select NO)
Current or recent Intravenous drug use	◯ 1 No ◯ 2 Yes (If not documented select NO)
Medication Taken Pre- ED (this episode) - must specify to have been self administered by patient	◯ 1 No ◯ 2 Yes

	No	Yes
Paracetamol (pre-ED self administered)	◯	◯
Aspirin (pre-ED self administered)	◯	◯
NSAID, excluding Aspirin (pre-ED self administered)	◯	◯
Codeine containing preparation (pre-ED self administered)	◯	◯
Triptan (pre-ED self administered)	◯	◯
Oxycodone (e.g. endone, oxycontin, oxynorm, targin) (pre-ED self administered)	◯	◯
Tramadol (pre-ED self administered)	◯	◯
Other Opiate (pre-ED self administered)	◯	◯
Antiemetic-metoclopramide, prochlorperazine, ondansetron (pre-ED self administered)	◯	◯
Dipyrone IM (pre-ED self administered)	◯	◯

Caffeine containing preparation (pre-ED self administered)	◯	◯
Other medication to treat headache (pre-ED self administered)	◯	◯

Pre ED medications to treat headache or cause of headache- Specify other type not previously listed

_____
(specify other medication if applicable)

Ambulance Pre Hospital Medication Administered

◯ 1 No
◯ 2 Yes
◯ 3 Not documented
(This refers to medications administered to treat headache or presumed cause of headache. Must specify medication administered by Ambulance Team)

	No	Yes
Paracetamol (in ambulance)	◯	◯
Dipirone (IV or intramuscular) (in ambulance)	◯	◯
Aspirin (in ambulance)	◯	◯
NSAID, excluding Aspirin (in ambulance)	◯	◯
Codeine containing preparation (in ambulance)	◯	◯
Triptan (in ambulance)	◯	◯
Oxycodone (e.g. endone, oxycontin, oxynorm, targin) (in ambulance)	◯	◯
Tramadol (in ambulance)	◯	◯
Corticosteroids (in ambulance)	◯	◯
Fentanyl (in ambulance)	◯	◯
Oramorph (in ambulance)	◯	◯
Morphine Sulphate IV (in ambulance)	◯	◯
Other Opiate (in ambulance)	◯	◯
Antiemetic-metoclopramide, prochlorperazine, ondansetron (in ambulance)	◯	◯
Methoxyflurane (in ambulance)	◯	◯
Antibiotics (in ambulance)	◯	◯
Other medication to treat headache or presumed cause of headache (in ambulance)	◯	◯

Other Medications given by Ambulance to treat headache or presumed cause of headache. Please specify type

_____
(specify other medication if applicable)

Clinical Examination in ED Pulse Rate	_____ (FIRST RECORDED IN EMERGENCY DEPARTMENT)
Clinical Examination in ED Systolic BP	_____ (FIRST RECORDED IN EMERGENCY DEPARTMENT)
Clinical Examination in ED TEMPERATURE TAKEN (recorded numerically Celcius)	◯ 1 No ◯ 2 Yes
Clinical Examination in ED Temperature recorded AFEBRILE / NO FEVER FEBRILE / FEVER	◯ 1 AFEBRILE / NO FEVER ◯ 2 FEBRILE / FEVER ◯ 3 UNKNOWN (No numerical temperature recorded, but history does specify temperature in words)
Clinical Examination in ED Temperature (Celsius)	_____ (FIRST RECORDED IN EMERGENCY DEPARTMENT)
Clinical Examination in ED Is GCS score known	◯ 1 Known ◯ 2 Unknown
GCS- Eye	_____
GCS Verbal	_____
GCS Motor	_____
GCS Overall	_____
Clinical Examination in ED Rash (observed by Clinician)	◯ 1 No ◯ 2 Yes (If not documented select NO)
Clinical Examination in ED Confusion (observed by Clinician)	◯ 1 No ◯ 2 Yes (If not documented select NO)
Clinical Examination in ED Meningism	◯ 1 No ◯ 2 Yes (If not documented select NO)
Clinical Examination in ED Limited Neck Flexion (on examination)	◯ 1 No ◯ 2 Yes (If not documented select NO)
Clinical Examination in ED New Focal Neurological Signs	◯ 1 No ◯ 2 Yes (If not documented select NO)

New Focal Neurological Sign	◯ 1 Isolated speech deficit ◯ 2 Isolated unilateral limb weakness ◯ 3 Speech deficit and limb weakness ◯ 4 Incoordination/cerebellar signs ◯ 5 Other
Describe Other New Focal Neurological Sign	_____
Clinical Examination in ED New Vision Defect	◯ 1 No ◯ 2 Yes (If not documented select NO)
Clinical Examination in ED Ophthalmoscopy Findings	◯ 1 Not done ◯ 2 Normal ◯ 3 Papilloedema ◯ 4 Other (specify) (If not documented select NO)
Ophthalmoscopy Findings (specification of other findings)	_____

Investigations

White Cell Count Done	◯ 1 No ◯ 2 Yes
White Cell Count x10-9/L	_____
Neutrophil Count Done	◯ 1 No ◯ 2 Yes
Neutrophil Count (x10-9/L)	_____
C-Reactive Protein Done	◯ 1 No ◯ 2 Yes
C-Reactive Protein unit of measure	◯ mg/L ◯ micromol/L (Select the unit of measure for the C- Reactive Protein Value to be inserted below)
C-Reactive Protein	_____
Globular Sedimentation Rate VSG	◯ No ◯ Yes
VSG unit of measure	◯ mg/L ◯ micromol/L (Select the unit of measure for the VSG Value to be inserted below)
Globular Sedimentation Rate Value	_____
Lumbar Puncture Performed	◯ 1 No ◯ 2 Yes
Lumbar Puncture Results	◯ 1 Normal ◯ 2 Indicative of infection on microscopy ◯ 3 Indicative of SAH (red cell count or xanthochromia) ◯ 4 Indicative of raised intracranial pressure ◯ 5 Inconclusive
CT Scan Performed	◯ 1 No ◯ 2 Yes
CT Scan Result	◯ 1 Normal ◯ 2 Abnormal

CT Abnormality	◯ 1 SAH ◯ 2 Other bleed ◯ 3 Abscess ◯ 4 Neoplasm ◯ 5 Other (free text describe)
CT Abnormality (OTHER) description	_____
MRI Performed	◯ 1 No ◯ 2 Yes
MRI Result	◯ 1 Normal ◯ 2 Abnormal
MRI Abnormality	◯ 1 Bleed ◯ 2 Abscess ◯ 3 Neoplasm ◯ 4 Other (describe below)
MRI Abnormality (OTHER) description	_____
CT Angiography Performed	◯ 1 No ◯ 2 Yes
CT Angiography Result	◯ 1 Normal ◯ 2 Abnormal
CT Angiography Abnormality	◯ 1 Aneurysm with bleed ◯ 2 Aneurysm without bleed ◯ 3 No aneurysm ◯ 4 Other (free text describe)
CT Angiography (Other) description	_____
Other Imaging Performed	◯ 1 No ◯ 2 Yes
Other Imaging (specify what type of imaging and provide results description)	_____
Neurology Intervention	◯ No ◯ Yes

ED Treatment and Intervention

Medication to treat headache or cause of headache given in ED	◯ 1 No ◯ 2 Yes
Medications given after the initial clinical assessment (including nurse-initiated medications)	◯ 1 No ◯ 2 Yes

	No	Oral	Parenteral
Paracetamol administered in ED	◯	◯	◯
Dipirone (IV or intramuscular) administered in ED	◯	◯	◯
Aspirin administered in ED	◯	◯	◯
NSAID (other than Aspirin) administered in ED	◯	◯	◯
Codeine containing compounds administered in ED	◯	◯	◯
Triptan administered in ED	◯	◯	◯
Oxycodone administered in ED	◯	◯	◯
Pethidine/Meperidine administered in ED	◯	◯	◯
Other Opioid administered in ED	◯	◯	◯
Chlorpromazine Infusion administered in ED	◯	◯	◯
Metoclopramide administered in ED	◯	◯	◯
Ondansetron administered in ED	◯	◯	◯
Prochlorperazine administered in ED	◯	◯	◯
Droperidol/ Haloperidol administered in ED	◯	◯	◯
Ergot Alkaloids administered in ED	◯	◯	◯
Corticosteroid administered in ED	◯	◯	◯
Antibiotic/ Antiviral agent administered in ED	◯	◯	◯
Valproate Acid administered in ED	◯	◯	◯
Anesthetics, e.g. Lidocaine administered in ED	◯	◯	◯
Magnesium Sulfate administered in ED	◯	◯	◯
Peripheral Block Nerve (GON) administered in ED	◯	◯	◯

Other Medication administered in ED to treat headache or cause of headache	◯	◯	◯

OTHER ED Medication. Please specify _____

Treatment in ED after initial clinical assessment
◯ 1 No
◯ 2 Yes

Treatment in ED
Oxygen Therapy
◯ 1 No
◯ 2 Yes
(after initial clinical assessment)

Treatment in ED
Acupuncture
◯ 1 No
◯ 2 Yes
(after initial clinical assessment)

Treatment in ED
Intravenous fluids (not part of a drug infusion)
◯ 1 No
◯ 2 Yes
(after initial clinical assessment)

Follow-up Medications given > 30 minutes after initial medications
◯ 1 No
◯ 2 Yes

	No	Oral	Parenteral
Paracetamol administered in ED - more than 30 mins after primary treatment	◯	◯	◯
Dipirone (IV or intramuscular) administered in ED - more than 30 mins after primary treatment	◯	◯	◯
Aspirin administered in ED - more than 30 mins after primary treatment	◯	◯	◯
NSAID (other than Aspirin) administered in ED - more than 30 mins after primary treatment	◯	◯	◯
Codeine containing compounds administered in ED - more than 30 mins after primary treatment	◯	◯	◯
Triptan administered in ED - more than 30 mins after primary treatment	◯	◯	◯
Pethidine/Meperidine administered in ED - more than 30 mins after primary treatment	◯	◯	◯

Other Opioid administered in ED - more than 30 mins after primary treatment	○	○	○
Oxycodone administered in ED - more than 30 mins after primary treatment	○	○	○
Chlorpromazine Infusion administered in ED - more than 30 mins after primary treatment	○	○	○
Metoclopramide administered in ED - more than 30 mins after primary treatment	○	○	○
Ondansetron administered in ED - more than 30 mins after primary treatment	○	○	○
Prochlorperazine administered in ED - more than 30 mins after primary treatment	○	○	○
Droperidol/ Haloperidol administered in ED - more than 30 mins after primary treatment	○	○	○
Ergot Alkaloids administered in ED - more than 30 mins after primary treatment	○	○	○
Antibiotic/ Antiviral Agent administered in ED - more than 30 mins after primary treatment	○	○	○
Corticosteroid administered in ED - more than 30 mins after primary treatment	○	○	○
Valproate Acid administered in ED - more than 30 mins after primary treatment	○	○	○
Magnesium Sulfate administered in ED - more than 30 mins after primary treatment	○	○	○
Anesthetics e.g. Lidocaine administered in ED - more than 30 mins after primary treatment	○	○	○
Other Medication (oral or parenteral) administered in ED - more than 30 mins after primary treatment	○	○	○

Other medication given > 30 minutes after initial treatment. Provide description _____

Treatment in ED > 30 minutes after initial treatment	◯ 1 No ◯ 2 Yes
Treatment in ED Oxygen Therapy	◯ 1 No ◯ 2 Yes (> 30 minutes after initial treatment)
Treatment in ED Acupuncture	◯ 1 No ◯ 2 Yes (> 30 minutes after initial treatment)
Treatment in ED Intravenous fluids (not part of a drug infusion)	◯ 1 No ◯ 2 Yes (> 30 minutes after initial treatment)
ED Intubation and mechanical ventilation	◯ No ◯ Within 30 minutes of arrival at ED ◯ After 30 minutes of arrival at ED
Neurosurgical Intervention performed	◯ 1 No ◯ 2 Yes
Neurosurgical Intervention Time	◯ 1 Within 24 hours ◯ 2 = >24 hours
Interventional Radiology Performed	◯ 1 No ◯ 2 Yes
Interventional Radiology Time	◯ 1= Within 24 hours ◯ 2 = >24 hours

Final ED Diagnosis and Disposition

Final ED Diagnosis	◯ 1 Primary headache (benign headache not otherwise specified) ◯ 2 Migraine ◯ 3 Cluster headache ◯ 4 Musculoskeletal ◯ 5 Tension headache ◯ 6 Subarachnoid haemorrhage ◯ 7 Other intracranial haemorrhage ◯ 8 Post coital headache ◯ 9 Neoplasm ◯ 10 Viral illness without meningitis ◯ 11 Sinusitis ◯ 12 Meningitis (viral) ◯ 13 Meningitis (bacterial) ◯ 14 Meningitis (Fungal) ◯ 15 Meningitis(unknown) ◯ 16 Encephalitis ◯ 17 Stroke ◯ 18 Post-traumatic headache ◯ 19 Cerebral abscess ◯ 20 Toxicity e.g. CO (specify) ◯ 21 Trigeminal neuralgia/ cranial neuralgias ◯ 22 Glaucoma ◯ 23 Alcohol-related hangover ◯ 24 Analgesia overuse ◯ 25 Temporal arteritis ◯ 26 Intracranial hypertension ◯ 27 Vascular dissection ◯ 28 Shingles (herpes zoster) of head/ neck ◯ 29 Other (specify) ◯ 30 Unclear
ED Diagnosis (OTHER or TOXICITY) please describe	_____
Disposition	◯ 1 Home from ED Observation Unit (EOU) ◯ 2 Home from ED ◯ 3 Admit ward ◯ 4 Admit critical care ◯ 5 Transfer ◯ 6 Unknown ◯ 7 Died in ED ◯ 8 Theatre ◯ 9 Interventional Radiology

Final Hospital Diagnosis (for admitted patients only)	◯ 1 Primary headache (benign headache not otherwise specified) ◯ 2 Migraine ◯ 3 Cluster headache ◯ 4 Musculoskeletal ◯ 5 Tension headache ◯ 6 Subarachnoid haemorrhage ◯ 7 Other intracranial haemorrhage ◯ 8 Post coital headache ◯ 9 Neoplasm ◯ 10 Viral illness without meningitis ◯ 11 Sinusitis ◯ 12 Meningitis (viral) ◯ 13 Meningitis (bacterial) ◯ 14 Meningitis (fungal) ◯ 15 Meningitis(unknown) ◯ 16 Encephalitis ◯ 17 Stroke ◯ 18 Post-traumatic headache ◯ 19 Cerebral abscess ◯ 20 Toxicity e.g. CO (specify) ◯ 21 Trigeminal neuralgia/ cranial neuralgias ◯ 22 Glaucoma ◯ 23 Alcohol-related hangover ◯ 24 Analgesia overuse ◯ 25 Temporal arteritis ◯ 26 Intracranial hypertension ◯ 27 Vascular dissection ◯ 28 Shingles (herpes zoster) of head/ neck ◯ 29 Other (specify) ◯ 30 Unclear (Select from drop down list)
Final Hospital Diagnosis (OTHER or TOXICITY) please describe	_____
In-Patient Outcome (for admitted patients only)	◯ 1= discharged alive ◯ 2= died ◯ 3= unknown (Select from drop down list)
Length of Stay (total days - including day of admission and day of discharge)	_____ (Any partial days =1 day. If admitted and discharged within 24 hours = 1 day.)
Medication prescribed at discharge from ED/ ED Observation Unit	◯ No ◯ Yes

	No	Yes
Paracetamol (on discharge from ED or EOU)	◯	◯
Aspirin (on discharge from ED or EOU)	◯	◯

Codeine containing compounds (on discharge from ED or EOU)	◯	◯
NSAID (other than aspirin) (on discharge from ED or EOU)	◯	◯
Triptan (on discharge from ED or EOU)	◯	◯
Oxycodone (on discharge from ED or EOU)	◯	◯
Tramadol (on discharge from ED or EOU)	◯	◯
Other Opioid (on discharge from ED or EOU)	◯	◯
Metoclopramide (on discharge from ED or EOU)	◯	◯
Prochlorperazine (on discharge from ED or EOU)	◯	◯
Ondansetron (on discharge from ED or EOU)	◯	◯
Ergot Alkaloids (on discharge from ED or EOU)	◯	◯
Antibiotic/antiviral agent (on discharge from ED or EOU)	◯	◯
Corticosteroid (on discharge from ED or EOU)	◯	◯
Other medication to treat headache or cause of headache prescibed (on discharge from ED or EOU)	◯	◯

Other ED discharge medications. This refers to medications to treat headache or cause of headache _____

Representation within 72 hours (patients discharged from ED only)
◯ 1 No
◯ 2 Yes

Representation Final ED Diagnosis	◯ 1 Primary headache (benign headache not otherwise specified) ◯ 2 Migraine ◯ 3 Cluster headache ◯ 4 Musculoskeletal ◯ 5 Tension headache ◯ 6 Subarachnoid haemorrhage ◯ 7 Other intracranial haemorrhage ◯ 8 Post coital headache ◯ 9 Neoplasm ◯ 10 Viral illness without meningitis ◯ 11 Sinusitis ◯ 12 Meningitis (viral) ◯ 13 Meningitis (bacterial) ◯ 14 Meningitis (Fungal) ◯ 15 Meningitis(unknown) ◯ 16 Encephalitis ◯ 17 Stroke ◯ 18 Post-traumatic headache ◯ 19 Cerebral abscess ◯ 20 Toxicity e.g. CO (specify) ◯ 21 Trigeminal neuralgia/ cranial neuralgias ◯ 22 Glaucoma ◯ 23 Alcohol-related hangover ◯ 24 Analgesia overuse ◯ 25 Temporal arteritis ◯ 26 Intracranial hypertension ◯ 27 Vascular dissection ◯ 28 Shingles (herpes zoster) of head/ neck ◯ 29 Other (specify) ◯ 30 Unclear
Representation ED Diagnosis (OTHER or TOXICITY) please describe	_____
If represented, was patient admitted/ transferred for admission	◯ 1 No ◯ 2 Yes
Neurosurgery at Representation Visit	◯ 1 No ◯ 2 Within 24 hours ◯ 3 Within 1 week
Interventional Radiology at Representation	◯ 1 No ◯ 2 Within 24 hours ◯ 3 Within 1 week