

# 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)	<input type="radio"/>	<input type="radio"/>
Previous migraine diagnosis	<input type="radio"/>	<input type="radio"/>
Previous cluster headache diagnosis	<input type="radio"/>	<input type="radio"/>
Previous tension headache diagnosis	<input type="radio"/>	<input type="radio"/>
Previous stroke/ TIA	<input type="radio"/>	<input type="radio"/>
Serious intracranial injury - EDH, SDH, traumatic SAH, cerebral contusion requiring hospital admission/ neurosurgery	<input type="radio"/>	<input type="radio"/>
Presence of a ventriculo-peritoneal shunt	<input type="radio"/>	<input type="radio"/>
Malignant Intracranial neoplasm - primary	<input type="radio"/>	<input type="radio"/>
Malignant Intracranial neoplasm - secondary	<input type="radio"/>	<input type="radio"/>
Intracranial neoplasm - unknown benign v malignant	<input type="radio"/>	<input type="radio"/>
Known benign intracerebral tumour e.g. Meningioma	<input type="radio"/>	<input type="radio"/>
Non-cerebral malignancy without known intracranial secondary neoplasm	<input type="radio"/>	<input type="radio"/>
Subarachnoid haemorrhage	<input type="radio"/>	<input type="radio"/>
Intracranial aneurysm without SAH	<input type="radio"/>	<input type="radio"/>
Intracranial hypertension	<input type="radio"/>	<input type="radio"/>
Known Intracranial vascular abnormality e.g.AVM	<input type="radio"/>	<input type="radio"/>
Other Past Medical History (not listed above and you consider relevant to the cause of headache)	<input type="radio"/>	<input type="radio"/>

Other Past Medical History

---

Regular Medications Taken

- 1 No
- 2 Yes

**Regular Medications (If information is NOT documented select NO)**

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

# Clinical History and Clinical Examination

---

Duration of Symptoms	<input type="radio"/> 1= < 24 hours <input type="radio"/> 2= 1-3 days <input type="radio"/> 3= >3 days <input type="radio"/> 4= Unknown
Onset of Symptoms	<input type="radio"/> 1 Gradual <input type="radio"/> 2 Sudden/Thunderclap (peaking instantly or almost) <input type="radio"/> 3 Peak within 1 hour but not instant <input type="radio"/> 4 Unknown
Location of Headache	<input type="radio"/> 1 Generalized <input type="radio"/> 2 Unilateral <input type="radio"/> 3 Unclear
Severity	<input type="radio"/> 1 Mild (pain score up to 3/10) <input type="radio"/> 2 Moderate (pain score 4-7/10) <input type="radio"/> 3 Severe (pain score 8 or more/10) <input type="radio"/> 4 Unclear
Worst headache ever?	<input type="radio"/> 1 No <input type="radio"/> 2 Yes (If not documented select NO)
Head Trauma within the last week	<input type="radio"/> 1 No <input type="radio"/> 2 Yes
Relationship to exertion	<input type="radio"/> 1 No <input type="radio"/> 2 Yes (If not documented select NO)
Relationship to sexual activity	<input type="radio"/> 1 No <input type="radio"/> 2 Yes (If not documented select NO)
Reported neck pain or stiffness	<input type="radio"/> 1 No <input type="radio"/> 2 Yes (If not documented select NO)
Nausea or vomiting	<input type="radio"/> 1 No <input type="radio"/> 2 Yes (If not documented select NO)
Syncope/ loss of consciousness	<input type="radio"/> 1 No <input type="radio"/> 2 Yes (If not documented select NO)
Photophobia. Reported by patient.	<input type="radio"/> 1 No <input type="radio"/> 2 Yes (If not documented select NO)
New limb weakness transient or current. Reported by patient.	<input type="radio"/> 1 No <input type="radio"/> 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)	<input type="radio"/>	<input type="radio"/>
Aspirin (pre-ED self administered)	<input type="radio"/>	<input type="radio"/>
NSAID, excluding Aspirin (pre-ED self administered)	<input type="radio"/>	<input type="radio"/>
Codeine containing preparation (pre-ED self administered)	<input type="radio"/>	<input type="radio"/>
Triptan (pre-ED self administered)	<input type="radio"/>	<input type="radio"/>
Oxycodone (e.g. endone, oxycontin, oxynorm, targin) (pre-ED self administered)	<input type="radio"/>	<input type="radio"/>
Tramadol (pre-ED self administered)	<input type="radio"/>	<input type="radio"/>
Other Opiate (pre-ED self administered)	<input type="radio"/>	<input type="radio"/>
Antiemetic-metoclopramide, prochlorperazine, ondansetron (pre-ED self administered)	<input type="radio"/>	<input type="radio"/>
Dipyron IM (pre-ED self administered)	<input type="radio"/>	<input type="radio"/>



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<sup>9</sup>/L

---

---

Neutrophil Count Done  1 No  
 2 Yes

---

Neutrophil Count (x10<sup>9</sup>/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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dipirone (IV or intramuscular) administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NSAID (other than Aspirin) administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Codeine containing compounds administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Triptan administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oxycodone administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pethidine/Meperidine administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Opioid administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorpromazine Infusion administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metoclopramide administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ondansetron administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prochlorperazine administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Droperidol/ Haloperidol administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ergot Alkaloids administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corticosteroid administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antibiotic/ Antiviral agent administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Valproate Acid administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anesthetics, e.g. Lidocaine administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Magnesium Sulfate administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peripheral Block Nerve (GON) administered in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dipirone (IV or intramuscular) administered in ED - more than 30 mins after primary treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin administered in ED - more than 30 mins after primary treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NSAID (other than Aspirin) administered in ED - more than 30 mins after primary treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Codeine containing compounds administered in ED - more than 30 mins after primary treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Triptan administered in ED - more than 30 mins after primary treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pethidine/Meperidine administered in ED - more than 30 mins after primary treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

---

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

---

---

Treatment in ED > 30 minutes after initial treatment	<input type="radio"/> 1 No <input type="radio"/> 2 Yes
Treatment in ED Oxygen Therapy	<input type="radio"/> 1 No <input type="radio"/> 2 Yes ( > 30 minutes after initial treatment )
Treatment in ED Acupuncture	<input type="radio"/> 1 No <input type="radio"/> 2 Yes ( > 30 minutes after initial treatment )
Treatment in ED Intravenous fluids (not part of a drug infusion)	<input type="radio"/> 1 No <input type="radio"/> 2 Yes ( > 30 minutes after initial treatment )
ED Intubation and mechanical ventilation	<input type="radio"/> No <input type="radio"/> Within 30 minutes of arrival at ED <input type="radio"/> After 30 minutes of arrival at ED
Neurosurgical Intervention performed	<input type="radio"/> 1 No <input type="radio"/> 2 Yes
Neurosurgical Intervention Time	<input type="radio"/> 1 Within 24 hours <input type="radio"/> 2 = >24 hours
Interventional Radiology Performed	<input type="radio"/> 1 No <input type="radio"/> 2 Yes
Interventional Radiology Time	<input type="radio"/> 1= Within 24 hours <input type="radio"/> 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)	<input type="radio"/>	<input type="radio"/>
Aspirin (on discharge from ED or EOU)	<input type="radio"/>	<input type="radio"/>



- 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 prescribed (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