A. Acute onset worst headache of their life - refer to emergency room, they will determine if neurologic consultation is needed

B. Subacute (days to weeks) or chronic headaches (months) associated with progressive change in any of the following:
- gait or balance
- speech pattern
- fine motor functioning to including handwriting
- vision (okay to have brief aura with migraine)
- other cognitive regression
- consistently waking the child from sleep
- systemic signs to include weight loss, fever, anorexia

For these patients, we recommend speaking with the on-call neurologist through the Access Center at 314-268-4002. The neurologist will direct you to either:

A. Send the child directly to our emergency room
B. Will find an appropriate urgent clinic spot within the week to see the patient.

C. Chronic headaches
- Migraines that are still affecting functioning multiple times per month despite trial of appropriate abortive and preventer agents (at least two different classes of each would be reasonable to try prior to referral) AND proper attention given to the headache hygiene issues. Obviously if striking red flags develop during this time frame, refer to the above section B.
- Other headaches (either tension or unclassifiable) affecting functioning on a weekly basis that have not improved with attention to headache hygiene issues and do not appear to be caused by another treatable condition like recurrent allergic or infectious sinusitis.

A routine referral should be made for these patients. If you feel that the wait time for your patient is excessive, you or your office staff may call our physician phone line 314-678-5444 to leave more information (including hopefully copies of what has been tried already for the patient) and we will try our best to accommodate your request. It is our hope that widespread use of these headache protocols by primary care providers will dramatically improve wait times for these treatment refractory.

D. Headaches associated with concussive head trauma
- If hyperacute, with loss of consciousness reported or progressive lethargy or vomiting, they should be evaluated in the emergency room to rule out a serious intracranial injury
- If acute (less than 1-2 weeks) we will try, as space allows, to get them an appointment in our concussion clinic for headache management and return to play guidance. Standard over the counter pain medication should be recommended in the interim.
- If chronic (greater than one month), we will try our best to see as soon as possible. We would recommend either notating specifically on the referral that the patient has post-concussive headaches.

Again, please don’t hesitate to have your office contact us personally at 314-678-5444 to help expedite this appointment.