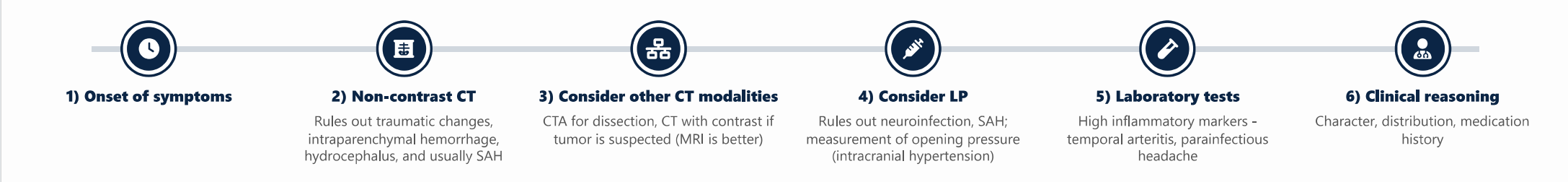


SUDDEN HEADACHE ALGORITHM



STEP 1 FATAL CASES (Killers) 	Diagnosis	History	Examination	Recommended Management
	 Subarachnoid Hemorrhage	Sudden onset explosive headache Worst headache of life - Onset during physical exertion - Syncope, vomiting - Risk factors: hypertension, smoking, excessive alcohol intake, family history	- Meningeal signs - Focal neurological deficit - Intraocular hemorrhage	→ Immediate brain CT → Brain CT angiography (CTA) → Lumbar puncture if CT is negative and suspicion persists → Urgent neurosurgical consultation → Nimodipine treatment
	 Meningitis / Encephalitis	Fever, neck stiffness Altered consciousness, vomiting - Immunodeficiency	- Meningismus - Focal neurological deficit - Kernig's / Brudzinski's sign	→ Laboratory tests → Brain CT as indicated → Lumbar puncture → Immediate administration of antibiotics / antivirals → Dexamethasone
	 Cerebral Venous Sinus Thrombosis	- Headache - Epileptic seizure Stroke at a young age	- Papilledema (Optic disc swelling) - Focal neurological deficit - Atypical distribution of symptoms	→ CT venography or MR venography → Brain MRI → Anticoagulation therapy → Neurology consultation
STEP 2 PERMANENT DISABILITY (Maimers) 	 Intracranial Mass Lesion	Progressively worsening headache - Morning headaches - New-onset epileptic seizures - Oncological history	- Focal neurological deficit - Papilledema	→ Brain MRI with contrast → Neurosurgical consultation
	 Idiopathic Intracranial Hypertension	- Obesity, women of childbearing age - Chronic headache - Transient visual obscurations	Papilledema	→ MRI and measurement of opening pressure → Lumbar puncture → Acetazolamide → Ophthalmological and neurological follow-up
	 Temporal Arteritis	Age over 50 years - New-onset headache Jaw claudication (pain when chewing) - Temporal artery tenderness	- Visual disturbance - Elevated erythrocyte sedimentation rate (ESR / CRP)	→ Erythrocyte sedimentation rate (ESR), C-reactive protein (CRP) → Temporal artery ultrasound → Temporal artery biopsy → Immediate corticosteroid treatment
	 Acute Glaucoma	Eye and head pain - Nausea, blurred vision	- Corneal edema - Mid-dilated unreactive pupil - Elevated intraocular pressure	→ Immediate ophthalmological consultation → Reduction of intraocular pressure
	 Cervical Artery Dissection	Sudden onset head / neck pain - Pain behind the eye / along the carotid artery	- Horner's syndrome - Focal neurological deficit	→ CT angiography or MR angiography → Antithrombotic / anticoagulation therapy
	 Carbon Monoxide Poisoning	- Multiple affected persons in the same household - Headache, nausea, altered consciousness	- Confusion - Cerebellar symptoms	→ Carboxyhemoglobin (COHb) level determination → 100% oxygen → Hyperbaric oxygen therapy as indicated
STEP 3 URGENT (Urgent) 	 Acute sinusitis  Post-traumatic headache  Cranial neuralgia  Obstructive hydrocephalus  Medication-overuse headache  Exertional headache			
STEP 4 THE REST (The Rest) 	 Migraine Usually a pulsating, unilateral headache, often associated with nausea, vomiting, and sensitivity to light and sound.  Tension headache Bilateral pressing or tightening headache of mild to moderate intensity, not aggravated by routine physical activity.  Cluster headache Very severe unilateral pain in the orbital region, accompanied by tearing, conjunctival injection (red eye), and nasal congestion.			