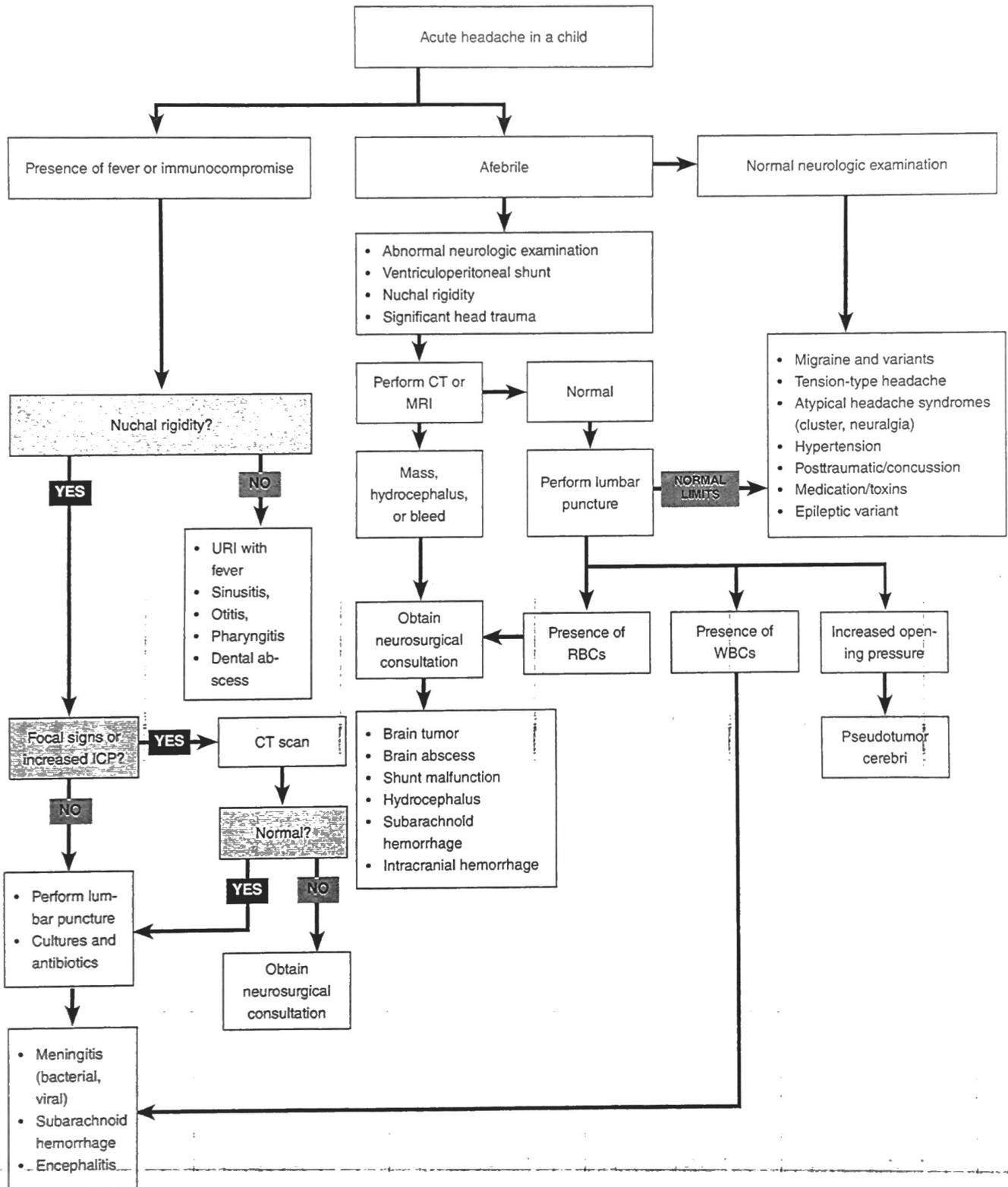


Clinical Pathway For Diagnosis Of Pediatric Headache In The Emergency Department

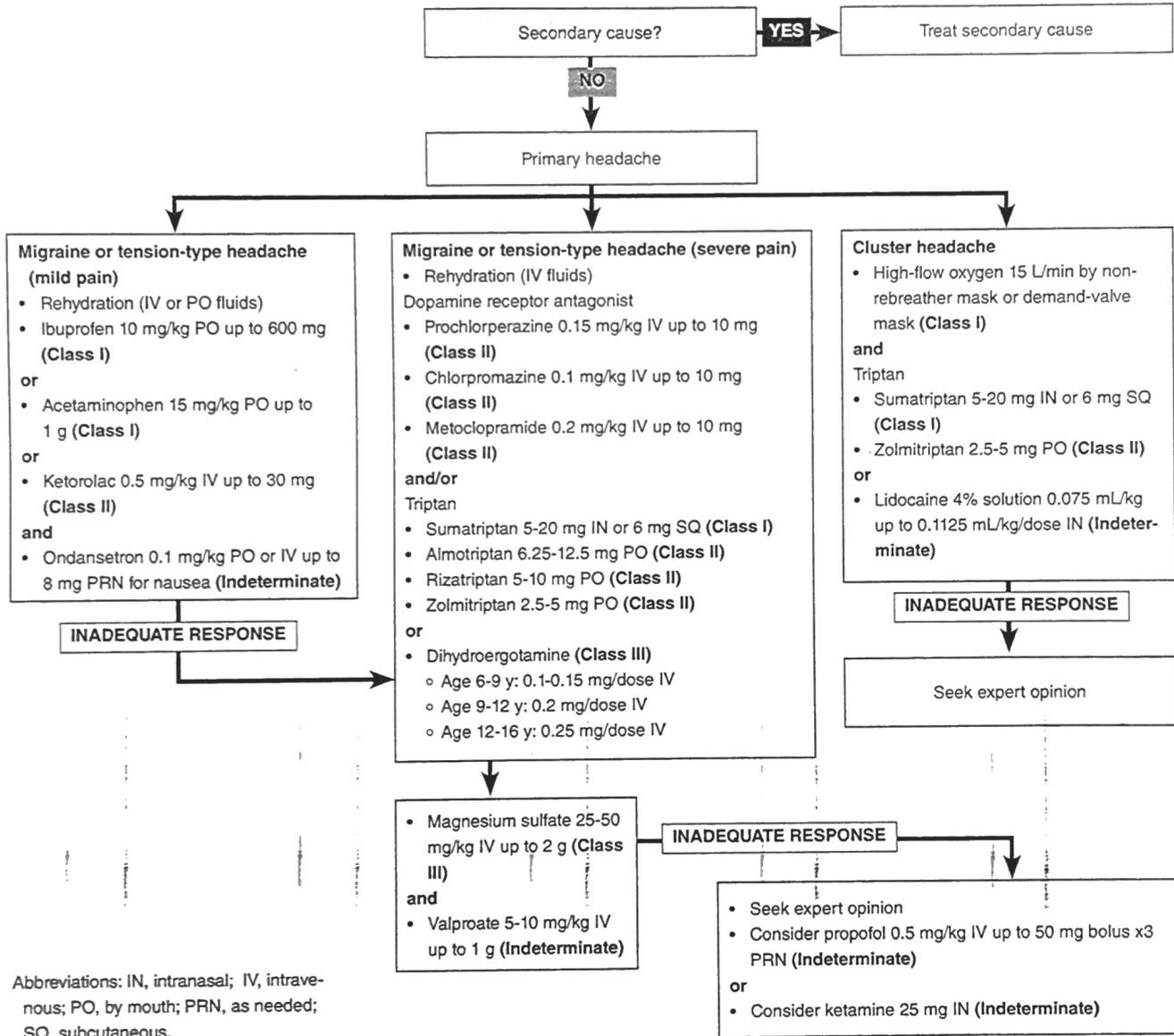


Abbreviations: CT, computed tomography; ICP, intracranial pressure; RBC, red blood cell; MRI, magnetic resonance imaging; URI, upper respiratory infection; WBC, white blood cell.

For class of evidence definitions, see page 17.

Reprinted and adapted from: *Clinical Pediatric Emergency Medicine*, Vol. 4, Issue 3. Faiqua Qureshi, Donald Lewis. Managing headache in the pediatric emergency department, pages 159-170, Copyright 2003, with permission from Elsevier.

Clinical Pathway For Treatment Of Pediatric Primary Headache



Abbreviations: IN, intranasal; IV, intravenous; PO, by mouth; PRN, as needed; SQ, subcutaneous.

Class Of Evidence Definitions

Each action in the clinical pathway section of *Pediatric Emergency Medicine Practice* receives a score based on the following definitions.

Class I

- Always acceptable, safe
- Definitely useful
- Proven in both efficacy and effectiveness

Level of Evidence:

- One or more large prospective studies are present (with rare exceptions)
- High-quality meta-analyses
- Study results consistently positive and compelling

Class II

- Safe, acceptable
- Probably useful

Level of Evidence:

- Generally higher levels of evidence
- Non-randomized or retrospective studies: historic, cohort, or case control studies
- Less robust randomized controlled trials
- Results consistently positive

Class III

- May be acceptable
- Possibly useful
- Considered optional or alternative treatments

Level of Evidence:

- Generally lower or intermediate levels of evidence
- Case series, animal studies, consensus panels
- Occasionally positive results

Indeterminate

- Continuing area of research
- No recommendations until further research

Level of Evidence:

- Evidence not available
- Higher studies in progress
- Results inconsistent, contradictory
- Results not compelling

Significantly modified from: The Emergency Cardiovascular Care Committees of the American Heart Association and represen-

tatives from the resuscitation councils of ILCOR: How to Develop Evidence-Based Guidelines for Emergency Cardiac Care: Quality of Evidence and Classes of Recommendations; also: Anonymous. Guidelines for cardiopulmonary resuscitation and emergency cardiac care. Emergency Cardiac Care Committee and Subcommittees, American Heart Association. Part IX. Ensuring effectiveness of community-wide emergency cardiac care. *JAMA*. 1992;268(16):2289-2295.

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

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