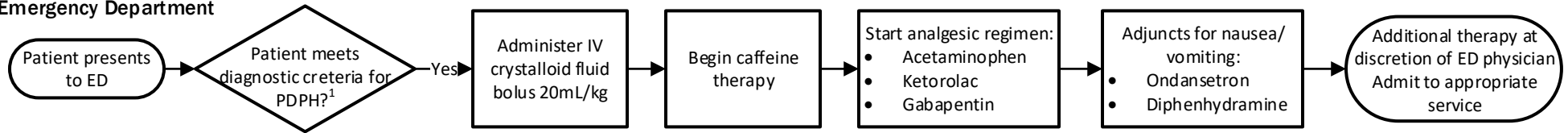


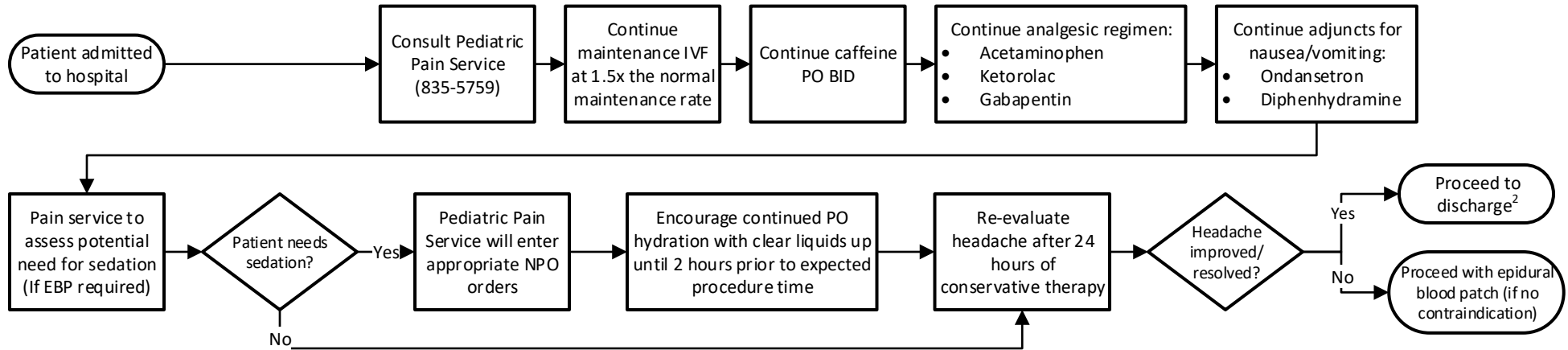
Post-Dural Puncture Headache Management ED/ Inpatient Management

Clinical Practice Guidelines

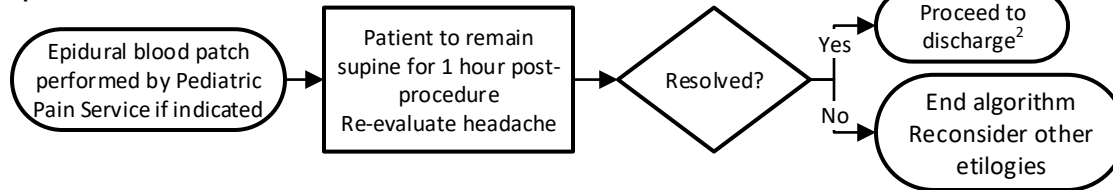
Emergency Department



Inpatient Admission



Epidural Blood Patch



Diagnostic criteria for PDPH¹

Strongly consider PDPH if the following are true:

- Dural puncture has been performed
- Headache develops within 5 days after dural puncture
- Headache that worsens within 15 minutes after sitting or standing & improves within 15 minutes after lying, and is associated with at least one of the following:
 - Neck stiffness
 - Tinnitus
 - Hypacusia
 - Photophobia
 - Nausea

*Criteria for PDPH based on the International Headache Society criteria

Discharge²

Conservative treatment:

- Acetaminophen x3 days then PRN
- Ibuprofen x3 days then PRN
- Gabapentin x3 days
- Continue PO hydration

Epidural blood patch:

- Acetaminophen PRN
- Ibuprofen PRN
- Continue PO hydration
- Follow up phone call post-discharge day 1 by Pediatric Pain Service

Recommended Dosing Guidelines

Caffeine:

- If ≥ 40 kg: 200mg PO BID
- If < 40 kg and ≥ 20 kg: 100mg PO BID
- If unable to take PO: one time dose of IV caffeine sodium benzoate 10mg/kg (max dose 500mg)

Acetaminophen:

- If > 65 kg: 1000mg PO q6h x 24h; then 1000mg q8h
- If > 50 kg but ≤ 65 kg: 650mg PO q6h
- If > 35 kg but ≤ 50 kg: 500mg PO q6h
- If ≤ 35 kg: 15mg/kg liquid PO q6h (not to exceed 500mg)

Ketorolac x 24 hours

- If ≥ 60 kg: 30mg IV q6h
- If < 60 kg: 0.5mg/kg IV q6h

Ibuprofen (after first 24 hours)

- 10mg/kg PO q6h (max dose 400mg)

Gabapentin

- If ≥ 50 kg: 300 mg capsule PO q8h
- If > 40 kg but < 50 kg: 200mg capsule PO q8h
- If ≤ 40 kg: 5mg/kg solution PO q8h (gabapentin solution is 50 mg/ml)

Ondansetron

- 0.1mg/kg IV q6h PRN nausea (max dose 4mg)

Diphenhydramine

- 1.25mg/kg IV q6h PRN nausea (max dose 25mg)

Please contact the Pediatric Pain Service for questions: 835-5759