

AI-02079 DDx Acute Headache

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| Owner | © Rigel Arcayan |
| Tags | MD |
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Got it. Let's work through this systematically as if you're presenting the case for a differential diagnosis (DDx) of acute severe headache in a healthy 33-year-old woman with the details you provided.

Case Summary

- Patient: 33F, single, not a mother
- Context: New to job & shift, recently immigrated to USA
- Last intake: No food or water × 7 hrs
- History: No prior headaches
- Chief complaint: Severe headache
- Response: Headache subsided with 600 mg acetaminophen (Tylenol)
- No known PMH (based on data given)

Differential Diagnosis

1.

Primary Headaches

- Tension-type headache
 - Common with stress, job transition, new environment.
 - Trigger: fasting, dehydration, lack of rest.
 - Tylenol responsiveness fits.

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- Migraine (first episode)
 - Age and gender match common migraine onset.
 - Severe pain, but needs assessment of photophobia, phonophobia, aura, N/V.
 - First episode of migraine often misdiagnosed as "severe new headache."

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Secondary Headaches (red flags to rule out)

- Dehydration / fasting-induced hypoglycemia
 - 7 hours without food or water in a new, stressful shift.
 - Resolves with rest/analgesic and later hydration/feeding.
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- Hypertensive headache
 - Needs BP check. Stress and adjustment to new life can trigger transient hypertension.
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- Caffeine withdrawal
 - If she recently stopped/reduced coffee/tea intake after moving.
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- Medication-related / environmental triggers
 - First days in a hospital (chemicals, cleaners, mask use, poor ventilation).
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- More serious but less likely (must exclude with focused history/exam):
 - Subarachnoid hemorrhage (SAH) → "thunderclap," sudden worst headache of life, often not relieved by simple analgesics.

- Meningitis → fever, neck stiffness, photophobia (not reported here).
- Cerebral venous sinus thrombosis (CVST) → risk ↑ in women of reproductive age, OCP use, dehydration, travel, immigration stress.
- Brain mass / tumor → typically progressive, not acute single episode.
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Key Red Flags to Ask/Check

- Onset: sudden vs gradual
- Severity: "worst ever?"
- Neurological symptoms: vision change, weakness, speech difficulty
- Fever, stiff neck
- Seizure, altered mental status
- Blood pressure at onset

Most Likely in This Case

1. Tension-type headache (stress, new job, new country, fatigue)
2. Dehydration/fasting headache (7 hrs without intake)
3. First-time migraine (age-appropriate, fits severity)

Action Plan

- Immediate:
 - Hydrate (oral fluids) and eat balanced meal.
 - Monitor headache recurrence.
 - Record BP, pulse, temperature.
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- If recurrent: Keep a headache diary (timing, triggers, relation to meals, stress).

- If red flags present: Urgent evaluation (neuro exam, CT/MRI, labs).
- Preventive lifestyle: Regular meals, hydration, sleep hygiene, stress management.

👉 Would you like me to format this as an ED-style SOAP note (Subjective, Objective, Assessment, Plan) for a more clinical charting feel, or as a teaching checklist for new immigrant nurses like yourself?