Children's Mercy Kansas City

SHARE @ Children's Mercy

Clinical Pathways

Evidence-Based Practice Collaborative

12-2021

Post-Dural Puncture Headache

Children's Mercy Kansas City

These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly, these guidelines should guide care with the understanding that departures from them may be required at times.

Follow this and additional Clinical Pathways at: https://scholarlyexchange.childrensmercy.org/clinical_pathways/

Recommended Citation

Children's Mercy Kansas City, "Post-Dural Puncture Headache" (2021). *Clinical Pathways*. https://scholarlyexchange.childrensmercy.org/care_models/76

This Clinical Pathway is brought to you for free and open access by the Evidence-Based Practice Collaborative at SHARE @ Children's Mercy. It has been accepted for inclusion by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact evidencebasedpractice@cmh.edu.

Abbreviations (laboratory & radiology excluded):

CNS = central nervous system

EBP = epidural blood patch

HPI = history of present illness

PDPH = post-dural puncture headache

pt = patient

tx = treatment

W/U = workup

Symptoms* of PDPH include:

- Bilateral frontal or occipital headache that worsens in the upright position and improves in the supine position
- Nausea, dizziness, neck pain, visual changes and occasionally tinnitus
- Hearing loss or radicular symptoms into the arms
- *Symptoms, especially headache, may also be worse with coughing and Valsalva maneuver, even in the supine position.

https://www.ncbi.nlm.nih.gov/books/NBK430925/

Conservative treatment (timeframe: at least 24 hours) includes:

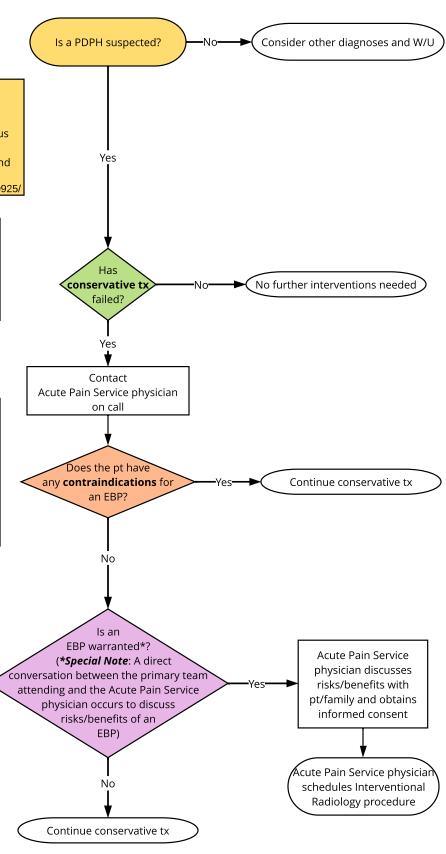
- · Strict bedrest in a supine position
- Adequate hydration (IV or PO) and the avoidance of dehydration
- Stool softeners (to avoid straining)
- Mild analgesics (acetaminophen, NSAIDs)
- Adjuncts for nausea/vomiting (ondansetron, diphenhydramine) as needed

Contraindications for EBP include:

- Coagulopathy (may order PTT/INR/Platelet count if indicated)
- Fever
- Bacteremia/sepsis
- CNS infection
- Intracranial pathology
- Infection at the site
- Fever, unless resolved for 24 hours with known source; Many pro-inflammatory or infectious conditions may preclude a safe epidural blood patch
- Patient/guardian refusal

Discussion of risks includes:

- Failure of the procedure to provide relief from PDPH, worsening of the headache, worsening of any neurological conditions originating at or near the site of the proposed epidural blood patch
- Infection in the epidural space, epidural bleeding and hematoma formation that may cause neurologic complications
- Acute (and less likely chronic) low back pain
- · Lower extremity paresthesia or radiculopathy
- Anesthetic risks associated with the patient requiring sedation or anesthesia care during the procedure



Contact: EvidenceBasedPractice @cmh.edu