

# Adults with Headache Four or More Days Post AstraZeneca Vaccine

Four or more days post vaccine  
And  
New onset or worsening, severe or persistent headaches which do not respond to simple pain killers.

Other typical signs and symptoms of CVST include:

Headache with high pressure features.  
Or  
Headache with focal neurological signs, blurred vision or papilloedema.  
Or  
Seizures, Impaired consciousness

## FBC and Coagulation

This pathway is based on recent college guidance from the:

The Royal College of Emergency Medicine, the Society for Acute Medicine, and the Royal College of Physicians with input from the British Society of Neuroradiology.

the bmj | BMJ 2021;373:n960 | doi: 10.1136/bmj.n960

Pregnancy:

Pregnant patients may have low platelets and raised D-dimer in the absence of VITT, and should therefore be considered on a case by case basis.

Seek relevant specialist opinions (Haematology, Obstetrics, and Neurology).

VITT: Covid 19 vaccine induced thrombosis and thrombocytopenia.



**High risk**  
Headache (or any of the other clinical features of CVST)  
And  
Laboratory evidence of VITT  
( FBC and Coagulation Abnormality:  
Platelets <150 x109/L and an elevated D-dimer >2000).

This is a Clinical Emergency  
1. Immediate discussion with Haematology  
2. Contact radiology

Urgent CT Brain and CTV 24/7

Irrespective of whether positive or negative, discuss result with Haematology/ Neurology as CTV has reduced sensitivity for cortical vein thrombosis.  
Seizure and lobar haemorrhage/ischaemia are associated with cortical vein occlusion. CVST should be suspected in patients with these clinical/radiological findings even if there is no dural venous sinus thrombosis evident on the CTV. Seek Neuroradiology opinion if required.

**Suspected CVST unrelated to Vaccine**  
Patients with normal platelets are unlikely to have CVST as a result of the vaccine.  
CVST is suspected based on clinical features alone, irrespective of vaccine.

If CVST is suspected clinically or significant alternate diagnosis/cause of headache is suspected suggest discussion/referral to appropriate specialty as to appropriate imaging modality and timing/urgency, if required at all.

**Low Risk Patient**  
No specific clinical signs/symptoms of CVST  
And  
Normal platelets. Normal D-dimer.

Consider discharging with advice to seek further medical assessment where indicated.

GP

Persisting headache >3 months.

Consider CT Brain as per local headache guidelines via GP.

# COVID-19 CLINICAL GUIDELINE

***Note: This guideline has been fast-tracked for approval for use within NHSGGC***

## **Covid-19 Adults with Headache four or more days post AstraZeneca Vaccine**

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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### **Important Note:**

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