

## **Example of Macro Documentation Template DDX for Headache Presentation to the ED c/o Dr. Reuben Strayer**

***For educational purposes only.*** You are encouraged to create your own DDX templates for common ED presenting complaints

\*For accurate documentation, after importing, be sure to review each diagnosis and their features listed thoroughly to ensure that they apply to your particular patient, and edit as required

CSF or cerebral infection: No history of IVDU, no fever or meningeal signs, no immunocompromise or recent neurosurgery. Pt is well appearing with normal mentation.

Intracerebral hemorrhage: no coagulopathy, no severe hypertension, no trauma, normal neurologically.

Subarachnoid hemorrhage: Not maximal at onset, not immediate in onset, did not begin during exertion, no neck stiffness.

Increased ICP/Malignancy: No history of cancer, not worse in the morning, no focal neurologic signs or symptoms.

Temporal Arteritis: No temple tenderness or prominent vessels, no change in vision, no jaw claudication

Pre-eclampsia: Normal BP, no peripheral edema, no change in vision, no abdominal pain, normal reflexes

Carbon monoxide toxicity: No housemates/contacts complaining of similar symptoms, no locationality - symptoms not worse at home/work.

Cervical artery dissection: No unilateral neck or face pain; no history of trauma or neck manipulation/unusual neck movements. No Horner's syndrome.

Cerebral Venous Sinus Thrombosis: No prior DVTs or thrombophilia, no visual or neurologic findings, no eyelid edema.

Idiopathic intracranial hypertension considered low likelihood as patient is not obese, pregnant, and no visual deficits. Given this, the risks of lumbar puncture outweigh the potential benefits. However, if headache persists, may need lumbar puncture as part of follow up care.

ENT/dental infection: No oral, sinus, or ear symptoms.