

Initial assessment and referral for diagnostic investigation

Person presents with unexplained acute severe headache

- Have a high index of suspicion for subarachnoid haemorrhage (SAH)
- Take a history to check rate of onset and time to peak intensity of headache
- Bear in mind 'thunderclap' headache is a red-flag symptom for SAH (sudden agonising headache peaking in intensity within 1 to 5 minutes)
- Bear in mind other causes of thunderclap headache, such as migraine, cough, coitus and exertion. Most people with thunderclap headache do not have SAH
- Check for other symptoms and signs of SAH (not an inclusive list):
 - neck pain or stiffness
 - photophobia
 - nausea and vomiting
 - altered brain function
 - limited or painful neck flexion

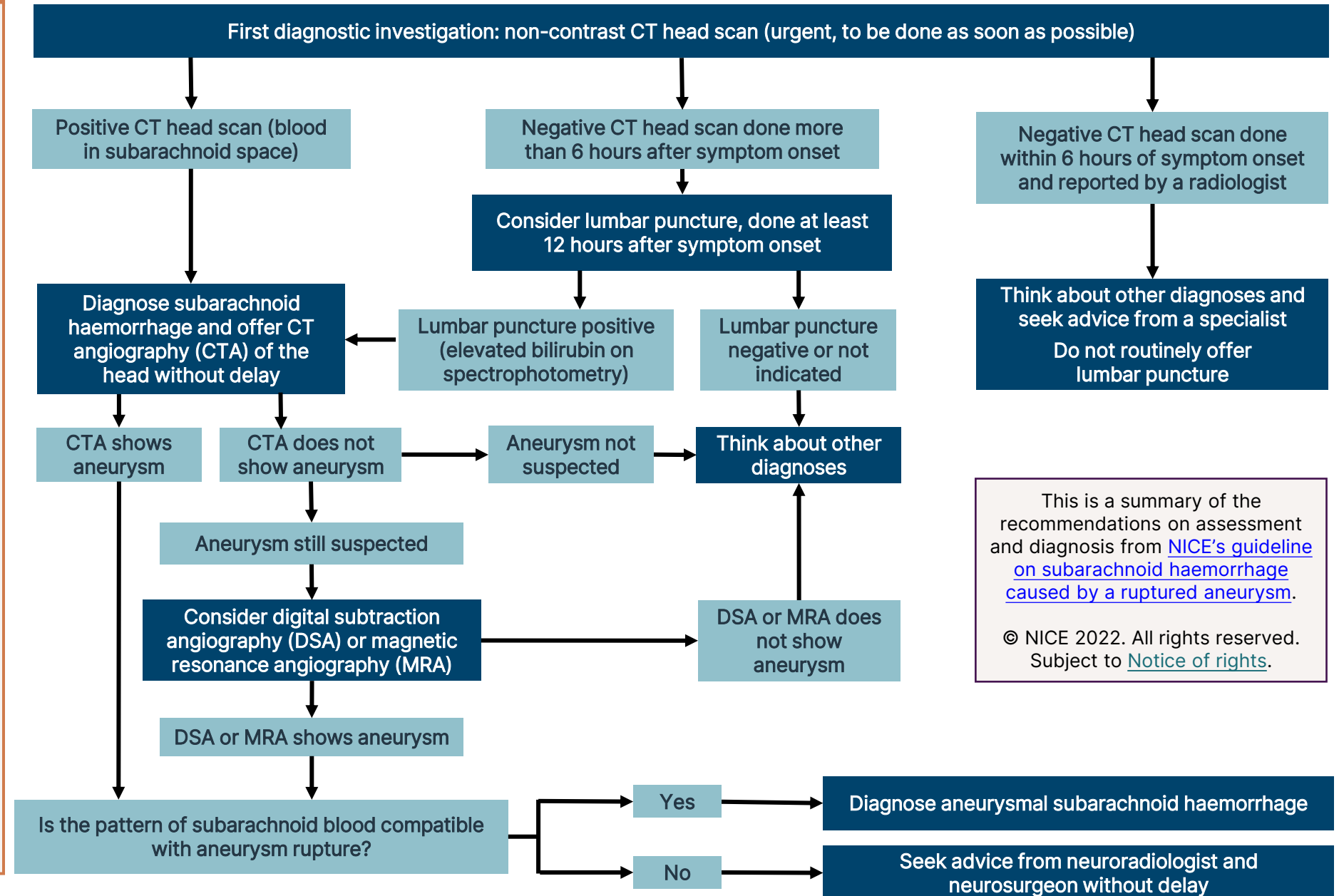
If SAH suspected

- Refer immediately to emergency care if outside an acute hospital setting
- Ensure urgent review by senior clinical decision maker in an acute hospital setting

If senior clinical decision maker confirms suspected SAH

- Refer for urgent non-contrast CT head scan. Diagnostic accuracy is highest within 6 hours of symptom onset

Aneurysmal subarachnoid haemorrhage: assessment and diagnosis



This is a summary of the recommendations on assessment and diagnosis from [NICE's guideline on subarachnoid haemorrhage caused by a ruptured aneurysm](#).

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