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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.

[Postdural Puncture Headache](#)

Conservative treatment (time frame: 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
- Caffeine may be offered in 1st 24 hours of treatment (max dose 900 mg per day)

[JAMA Consensus Guideline on Postdural Puncture Headache](#)

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

Abbreviations:

CNS = central nervous system
EBP = epidural blood patch
HPI = history of present illness
PDPH = post-dural puncture headache
tx = treatment
W/U = workup

