IDIOPATHIC (BENIGN) INTRACRANIAL HYPERTENSION Draft 11-02 BPNA

Name:
Hospital No:
D.O.B:
Age:

Date ___ / ___ / ___

Male ☐ Female ☐

SYMPTOMS

	Y	N	Date of onset
Headaches	☐	☐	___ / ___ / ___
Nausea / vomiting	☐	☐	___ / ___ / ___
Blurring of vision	☐	☐	___ / ___ / ___
Diplopia	☐	☐	___ / ___ / ___
Transient visual loss	☐	☐	___ / ___ / ___
Photophobia	☐	☐	___ / ___ / ___
Other	☐	☐	___ / ___ / ___

Details _____
(eg dizziness, lethargy, mood change, behavioural change, sleep disturbance)

EXAMINATION

Weight _____ kg (centile =) Height _____ cm (centile=)

	Y	N
Normal level of consciousness	☐	☐
Papilloedema	☐	☐
VIth nerve palsy	☐	☐
Any other focal neurology	☐	☐

Details _____

POSSIBLE AETIOLOGICAL FACTORS

	Y	N
Drugs (eg antibiotics, OCP, steroids)	☐	☐
Endocrine disease (eg thyroid disease, hypoparathyroidism, hypocalcaemia)	☐	☐
Other	☐	☐

Details_____

INVESTIGATIONS

	Y	N	Date	Result
CT	☐	☐	___ / ___ / ___	_____
MRI	☐	☐	___ / ___ / ___	_____
MRV	☐	☐	___ / ___ / ___	_____
MRI/US orbits	☐	☐	___ / ___ / ___	_____
Ophthalmic opinion	☐	☐	___ / ___ / ___	_____
RAPD	☐	☐		
Visual acuity	_____			
Visual Fields	_____			
LP	☐	☐	___ / ___ / ___	

Opening pressure _____ cm CSF (if done under GA CO_2 = _____)

Composition RBC_____ WBC_____ N_____ L_____

Protein_____ Lactate_____ Other_____

Amount Removed _____

Closing Pressure _____

TREATMENT (complete one sheet for first and any subsequent courses of treatment)

	Y	N	Date started
LP only	☐	☐	___ / ___ / ___
Repeated LPs	☐	☐	___ / ___ / ___
Weight loss	☐	☐	___ / ___ / ___
Acetazolamide	☐	☐	___ / ___ / ___
Prednisolone	☐	☐	___ / ___ / ___
Frusemide	☐	☐	___ / ___ / ___
Other	☐	☐	___ / ___ / ___
Surgical treatment	☐	☐	LP shunt ☐ ___ / ___ / ___ ON fenestration ☐ ___ / ___ / ___ Subtemporal decomp. ☐ ___ / ___ / ___

Drug treatment		Drug		Drug		Drug
	Initial daily dose 1		2		3	
	Max daily dose 1		2		3	
	Duration of course 1		2		3	

OUTCOME

Headache Relief	Y	N	Visual acuity	Visual Fields	Side effects
Post LP (24/48hrs)	☐	☐			
2 weeks	☐	☐			
1 month	☐	☐			
3 months	☐	☐			
6 months	☐	☐			
12 months	☐	☐			
later follow-up	☐ months				

Details