How to help child with headache

Start with calm assessment and comfort

When a child says their head hurts, begin by creating safety and reducing stimulation. Ask simple, non-leading questions: where it hurts, when it started, whether it feels pounding or tight, whether light, noise, nausea, fever, sore throat, cough, ear pain, vision changes, or recent injury are present. Younger children may show headache through crying, quiet withdrawal, wanting to lie down, rubbing the head or eyes, irritability, or refusing food.

Move the child to a low-stimulation setting. A dark quiet room, reduced screen brightness, and decreased noise can be surprisingly effective, especially if the headache is worsened by sensory input. Encourage the child to rest or sleep if they feel able. Raising the child’s head slightly on a pillow may feel better for some children, although comfort should guide positioning.

A cool wet compress on the forehead, temples, or over the eyes may reduce discomfort. Some children prefer a cool pack wrapped in cloth for short intervals; avoid direct ice on skin. Keep your tone steady and reassuring. Children often tense their neck, jaw, and shoulders when frightened or in pain, and that tension can amplify headache discomfort.

Hydration, food, and rest: the first-line home measures

Dehydration and missed meals are common headache contributors in children. Offer water or an oral fluid the child will reliably drink. If the headache occurs after sports, hot weather, vomiting, diarrhea, or a long school day, pay special attention to fluid intake and signs of dehydration in children, such as very little urination, dry mouth, dizziness, unusual sleepiness, or crying without tears.

If the child has not eaten recently, offer a healthy snack or small meal. A combination of carbohydrate and protein may be more sustaining than sweets alone: yogurt, toast with nut butter if safe, fruit with cheese, soup, eggs, or a balanced school snack. Not eating can worsen headaches, and some children develop headaches when breakfast is skipped or lunch is delayed.

Rest is therapeutic, not a failure of coping. Let the child lie down away from bright lights, television, and loud conversation. If the child falls asleep and wakes improved, note that pattern in a headache diary. If the headache repeatedly appears when sleep is short, bedtime varies widely, or weekend sleep schedules shift dramatically, regular sleep timing may become an important prevention strategy.

Using over-the-counter pain medicine safely

Many children with uncomplicated headaches can benefit from over-the-counter pain medicine such as acetaminophen or ibuprofen, but use should be age-appropriate, weight-based, and consistent with the product label or the child’s clinician’s advice. Avoid giving adult doses. Do not give aspirin to children or teenagers unless a clinician specifically instructs it, because of the risk of serious complications in certain viral illnesses.

Before giving medicine, consider whether the child has allergies, kidney disease, liver disease, bleeding disorders, dehydration, persistent vomiting, stomach ulcers, or is taking other medicines that may interact. Ibuprofen is often avoided in dehydrated children or those who cannot keep fluids down unless a clinician says otherwise. Acetaminophen requires care to avoid duplicate dosing from combination cold or flu products.

Try not to use pain relievers too frequently without medical guidance. Repeated use on many days can contribute to medication-overuse headache in susceptible patients. If headaches require medicine often, interfere with school or play, wake the child from sleep, or are changing in pattern, contact the pediatrician rather than simply increasing medication frequency.

Reduce common triggers without making life restrictive

Headache prevention in children often starts with predictable daily rhythms. Balanced meals, especially breakfast, regular sleep patterns, hydration, and physical activity can lower headache vulnerability. This does not mean every headache is caused by lifestyle, and families should not blame the child. Think of routines as making the nervous system more resilient.

Useful prevention habits include:

Offering breakfast and regular meals, with a backup snack for long school days.
Encouraging steady water intake, especially before and after sports.
Keeping bedtime and wake time reasonably consistent.
Limiting long periods of screen use without breaks, especially when posture is poor.
Helping the child notice, but not fear, triggers such as bright light, heat, skipped meals, strong odors, stress, or certain foods.

Food triggers are individual and should not lead to broad restriction unless a clear pattern exists. Overly strict diets can create stress and nutritional gaps. Environmental triggers may include glare, dehydration during sports, loud classrooms, or poorly corrected vision. If headaches cluster around reading, screens, or schoolwork, an eye evaluation may be reasonable, while remembering that many pediatric headaches occur despite normal vision.

Track patterns with a practical headache diary

A headache diary helps clinicians understand whether the pattern resembles tension-type headache, migraine, illness-related headache, sinus or ear-associated pain, post-traumatic headache, or another category. The diary should be brief enough that it does not make the child feel monitored or fragile.

Record the date, start time, duration, pain location, severity, associated symptoms, possible triggers, meals, sleep, hydration, school stress, physical activity, menstrual timing if relevant, and what helped. Note whether the child had fever, vomiting, sensitivity to light or sound, dizziness, visual symptoms, neck pain, or recent head impact. Also record missed school, missed activities, or nighttime awakening.

Patterns are often more informative than a single episode. For example, headaches that occur late in the day after skipped lunch suggest a different management discussion than headaches that wake a child from sleep, worsen with coughing, or are accompanied by neurologic changes. Bring the diary to the pediatrician if headaches recur, escalate, or disrupt daily life.

When to involve a pediatrician or specialist

Contact the pediatrician when headaches are recurrent, severe, increasing in frequency, associated with school absence, or not responding to reasonable home care. A clinician may review growth, blood pressure, neurologic examination, vision, sleep, stress, medication use, family history, and signs of infection or systemic illness. The goal is to identify concerning causes while also treating common headache disorders effectively.

Some children benefit from referral to a pediatric neurologist or headache specialist, particularly if headaches persist, are disabling, have migraine features, or require frequent medication. Non-drug strategies such as physical therapy, relaxation training, massage, behavioral approaches, and in some settings acupuncture may help selected children, particularly when muscle tension, stress, posture, or chronic pain patterns contribute. These should complement, not replace, medical evaluation when symptoms are concerning.

Seek same-day medical advice for headache with fever that looks more than mild, persistent vomiting, dehydration, recent significant head injury, or a child who is unusually sleepy or confused. Emergency evaluation is warranted for a sudden explosive headache, weakness, trouble speaking, seizure, stiff neck, severe eye pain, new vision loss, or a headache that is clearly the worst the child has ever had.

Supporting the child emotionally during headache episodes

Children may worry that recurring pain means something frightening, while parents may feel helpless or anxious. Reassure the child that you believe them and that you will help them through it. Use calm phrases such as, "I can see this hurts. Let’s make the room quiet, get you some water, and check what your body needs." Validation reduces distress and helps the child cooperate with care.

Avoid framing headaches as a way to escape school or responsibilities, even if stress appears involved. Stress can trigger real physiologic pain; it is not imaginary. At the same time, try to preserve normal routines when safe. For recurrent headaches, work with the school on access to water, snacks, rest breaks, and medication administration policies if advised by the clinician.

After the episode improves, briefly review what helped without overanalyzing. The aim is confidence: the child learns that headaches can be managed, warning signs will be taken seriously, and daily life can continue with appropriate support.