

Supplementary material 2. Quality standards

Clinical assessment and management:

1. Any patient with new onset headache with orthostatic association should be assessed for SIH.
2. While assessing patients for SIH, ensure appropriate conservative management including analgesia and anti-emetics are in place. Education about the role of bed rest should also include advice to prevent deconditioning.
3. All patients with probable or definite SIH should be referred urgently to neurology to be seen within 4 weeks. Patient unable to self-care should be referred as an emergency.
4. Patients with suspected SIH who do not respond to at least one epidural blood patch (EBP), or where facilities to provide EBPs do not exist, should be referred to a centre experienced in the management of SIH, ideally with specialist MDT input. (Special note - rapidly deteriorating patients should be referred immediately/urgently).

Investigations:

1. MRI of the brain with contrast and MRI of the whole spine should be performed as first line investigations and reviewed by a consultant neuroradiologist.
2. Lumbar puncture should not be performed routinely as a first line investigation.
3. Patients with abnormal brain or spine MRI (including the presence of meningeal diverticula) who undergo myelography for leak localisation should first have had at least one large volume non-targeted epidural blood patches.
4. Patients with a spinal longitudinal epidural collection (SLEC) who have myelography should undergo dynamic myelography - either CTM or DSM with position dependent on where the source of leak is most likely to be as determined by location of SLEC.
5. Patients with no SLEC should undergo lateral decubitus CTM or lateral decubitus DSM, examining both sides for completeness.

Procedures:

1. All patients with SIH should be offered non-targeted EBP as soon as possible following diagnosis. Time to EBP should not exceed 4 weeks from diagnosis.

2. All patients should be contacted 12-48hrs following EBP to confirm the absence of concerning features and should be given a point of contact for their clinical team in case of development of concerning features.
3. All patients should have efficacy of EBP assessed within 10-14 days and subsequent EBPs within 1 month and details entered into an outcomes database.
4. Time from decision to operate, to date of surgery within 6 weeks.
5. Outcome assessment should be performed at 6 weeks and 3 months and patients in the UK should be included in an outcomes register.