Fig. 11. HA, headache; LP, lumbar puncture; ONSD, optic nerve sheath decompression; TOV, transient obscurations of vision; VA, visual acuity; VF, visual field (automated or Goldmann).

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**INITIAL EVALUATION**

History
- Best corrected VA
- Axonolated or Goldmann VF
- Stereoscopic fundus exam
- MRI or contrast CT
- MRV or angiogram & other tests if atypical patient
- Lumbar puncture
- Record weight

Secondary cause found
- Treat secondary cause and proceed with IIH algorithm

**Mild to mod. (Grade 1-2) papilledema**
- Normal visual acuity (TOV OK)
- Normal VF (except enlarged blind spot)

**Moderate (Grade 3) papilledema**
- Abnormal acuity
- VF abnormal (besides enlarged blind spot)

**Severe (Grade 4-5) papilledema**
- Macular edema
- Retinal hemorrhages
- Acuity <20/50, marked VF loss
- Rapid progression ("malignant")

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**HA**
- HA management
  - Weight loss
  - Low salt diet

**No HA**
- Follow acuity, VF & papilledema grade
  - Weight loss
  - Low salt diet

**Acetazolamide 1 gm/daily**
- If allergy or intolerance
- HA management if needed

**No improvement**
- Haemorrhage
  - Refine headache management
  - Consider acetazolamide or furosemide

**Improvement**
- Increase acetazolamide
- Add furosemide

**Diamox to max, tolerated dose (up to 4 gm daily)**
- IV corticosteroids to taper
- LPs if needed or Continuous lumbar drainage

**CNISD worse eye**
- Continue meds

**Shunt procedure**
- Continue meds

**CNISD other eye**
- Continue meds
- Repeat MRV or angiogram

**Externalize shunt with continuous drainage and/or Repeat CNISD**

**Check for shunt failure (LP)**
- R/O Intrasacral hypotension

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Fig. 11 (continued)