



## PAEDIATRIC ACUTE CARE GUIDELINE

### Bell's Palsy

<b>Scope (Staff):</b>	All Emergency Department Clinicians
<b>Scope (Area):</b>	Emergency Department

This document should be read in conjunction with this DISCLAIMER  
<http://kidshealthwa.com/about/disclaimer/>

## Bell's Palsy

**All patients presenting within 72 hours onset of Bell's Palsy should be enrolled in the PMH Emergency Department Bell's Palsy Study (BellPic).**

Please contact the PMH Emergency Department Consultant for information.

## Background

Bell's Palsy is the unilateral lower motor neurone facial nerve palsy without detectable underlying cause.

## Differential Diagnosis

- Preceding trauma
- General health / concurrent illness
- Acute or chronic otitis media
- Cholesteatoma
- Mastoiditis / osteomyelitis
- Herpes Zoster (Ramsay Hunt Syndrome)
- Rare: congenital/metabolic/genetic/neoplastic

## Assessment

Bell's Palsy is diagnosed by physically examining the child and excluding other causes of facial weakness and paralysis

**Features include:**

- Unilateral lower motor neurone facial nerve palsy
- Upper respiratory tract infection in previous month
- Posterior auricular pain in previous days
- Poor tear clearance due to weakness
- Dry eyes
- Hyperacusis
- Rapid onset – most patients present within 48 hours

## Examination



House Brackmann Facial Grading Scale	
Grade	Definition
1	Normal symmetrical function in all areas
2	Slight weakness noticeable only on close inspection. Complete eye closure with minimal effort. Slight asymmetry of smile with maximal effort.
3	Obvious weakness, but not disfiguring. May not be able to lift eyebrow. Complete eye closure; strong but asymmetrical mouth movement with maximal effort.
4	Obvious disfiguring weakness. Inability to lift brow. Incomplete eye closure and asymmetry of mouth with maximal effort.
5	Motion barely perceptible. Incomplete eye closure, slight movement of corner of mouth.
6	No movement; loss of tone.
Synkinesis (abnormal re-wiring of the nerves when healing) : will usually not be a clinical issue in ED. This will develop later in Bell's Palsy	

## Investigations

- Swab for PCR and blood for titres if vesicles are noted

## Management of idiopathic facial palsy

- **Consider eligibility for enrolment in BellPic study**
- If less than two years of age and/or the diagnosis of Bell's palsy is uncertain consider a neurology and/or ENT consult
- If not enrolled in BellPic study (not eligible or consent refused), consult with the on call Neurologist regarding use of steroids.
- Photographs of the face of the child at initial presentation and on follow up are useful to monitor progress. Instructions as per the Health Facts – [Bell's Palsy](#)
- Ensure eye protection advice is given.

Eye Protection
<b>Gel based lubricant for use during the day</b> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> Viscotears or GelTears (both carbomer 980 0.2%) – QID</li> <li>• <b>Option 2:</b> Genteal Gel (carbomer 980 0.2%, hypromellose 0.3%) or Refresh Liguigel (carmellose 1%) initially QID then reduce to TDS when back at school – for ease of use.</li> </ul>
<b>Ointment for night time until lid closure is complete</b> <ul style="list-style-type: none"> <li>• Lacrilube, Polyvisc or Ircal (all paraffin and wool fat)</li> </ul>
<b>Severe lid laxity/redness</b> <ul style="list-style-type: none"> <li>• Lacrilube, Polyvisc or Ircal (all paraffin and wool fat) can be used QID</li> </ul>
<b>Note</b> If the eye becomes red (and fails to settle over a few days with increased lubricant) or the Bell's is not resolving as expected over 4-6 weeks then ophthalmology should be involved to consider whether a tarsorrhaphy is required.


## Follow Up

- Provide [Bell's Palsy](#) Health Facts sheet to carer
- Review in the Emergency Department in 2 weeks
  - If improving – no further follow up
  - If not improving – review history and examination as above and discuss with the on call Neurologist

References
1. Lunan R, Nagarajan L. Bell's palsy: A guideline proposal following a review of practice. Journal of Paediatrics and Child Health 44 (2008) 219-220 2. House JW, Brackmann DE. Facial nerve grading system. Otolaryngol – Head and Neck Surgery, 1996; 114:380-6

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