PAEDIATRIC ACUTE CARE GUIDELINE	
Bell's Palsy	
Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	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
Gel based lubricant for use during the day • **Option 1:** Viscotears or GelTears (both carbomer 980 0.2%) – QID • **Option 2:** 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.
Ointment for night time until lid closure is complete • Lacrilube, Polyvisc or Ircal (all paraffin and wool fat)
Severe lid laxity/redness • Lacrilube, Polyvisc or Ircal (all paraffin and wool fat) can be used QID
Note 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. Orolaryngol – Head and Neck Surgery, 1996; 114:380-6

This document can be made available in alternative formats on request for a person with a disability.

File Path:			
Document Owner:	Dr Meredith Borland HoD, PMH Emergency Department		
Reviewer / Team:	Kids Health WA Guidelines Team		
Date First Issued:	25 November, 2015	Version:	
Last Reviewed:	25 November, 2015	Review Date:	25 November, 2017
Approved by:	Dr Meredith Borland	Date:	25 November, 2015

Endorsed by:	Medical Advisory Committee	Date:	25 November, 2015
Standards Applicable:	NSQHS Standards: 		
Printed or personally saved electronic copies of this document are considered uncontrolled			