Northern Ireland Facial Palsy Initial Assessment Pathway

HISTORY & EXAMINATION

Higher chance of complete recovery (Bell's Palsy)

SYMPTOMS

1. Rapid onset (< 72hrs)
2. Unilateral
3. Tingling in the mouth or cheek
4. Facial weakness involving all branches of the facial nerve
5. Drooling
6. No features suggestive of reduced risk of complete recovery

MEDICATION

- Steroid advised is **Prednisolone 1mg/kg upto 60mg for 5 days, followed by a reduction of 10mg per day until course completed.**
- **Omeprazole 40mg OD** to provide gastric protection

CARE ADVICE

Eye and oral care videos

DISCHARGE PLAN

Discharge with patient initiated follow up (PIFU) or urgent referral to local ENT if no recovery at all by 3 weeks or incomplete by 3 months

URGENT "NO RECOVERY" PLAN

Investigations as per lower chance of recovery pathway

HSC Health and Social Care

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HISTORY & EXAMINATION

Lower chance of complete recovery

SYMPTOMS

- Progressive weakness (>72 hours)
- Concurrent pyrexial illness
- Severe pain
- Additional neurological findings (forehead sparing)
- Neck or Parotid Mass
- Bilateral facial palsy
- Bullseye Rash/Tick bite (Consider Lyme disease)
- Discharge from ear
- Vessicles in the ear, mouth or hairline (Lyme disease)
- Any irritation of the eye or altered vision

INVESTIGATION

- Investigate and treat symptoms and signs & Initial blood tests (FBP/U&E/CRP) in GP or ED
- Refer to local ENT for ANCA/ACE/Lyme Serology/MRI (Normal bloods)

TRAUMA

1. Treat patient as per ATLS protocols then consider mechanism of facial injury.
2. Facial injuries – Refer to Plastics or Maxillofacial Surgery
3. Head injuries – Concurrently discuss with ENT as well as speciality managing head injury (General Surgery/Neurosurgery)

EAR SIGNS

Vesicles

Ramsay Hunt Syndrome (Requires audiogram)

Steroids and Antivirals

Antiviral in Ramsay Hunt Syndrome: Valcyclovir 1g TDS 7 days

Discharge

CT Temporal Bones

Discuss with local ENT (at time of assessment)

EYE SIGNS

Topical ocular lubricant (Ointment overnight and viscous tears during the day)

Taping of the eyelid closed at night

Discuss with Ophthalmology

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Additional information

PSYCHOLOGICAL DISTRESS

Screen patients for psychological distress. Where identified or concern raised, direct patients to Facial Palsy UK for self-help or refer to Clinical Psychology where available

www.facialpalsy.org.uk/support/psychological-needs/psychological-interventions/

PLASTIC SURGERY REFERRAL

- Normal investigations with no recovery at 3 weeks or incomplete at 3 months. (No primary causation)
- Primary causative factors treated optimally and incomplete recovery of facial function, or complications of recovery (hyperkinesis/synkinesis) at 6 months from onset. Consider PIFU or urgent referral to ENT to avoid loss to follow up.
- Acute causative factors resulting in immediate facial paralysis (such as soft tissue trauma or post cancer excision)"

Facial Palsy is a time sensitive condition. Timely assessment and treatment impacts upon the options available to patients and the outcomes of recovery. If in doubt, refer, urgently.

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