When to return to the ED:

Rarely, more serious conditions are actually present that mimic Bell's palsy. If your child develops any of the following symptoms, you should return immediately to the ED for further review:

- Fever
- Severe ear pain
- Headache
- Vomiting
- Weakness or numbness of other parts of the body
- Eye pain, redness or reduced vision

Follow up:

You need to book to see your GP for review in 3-4 weeks to see how it is improving.

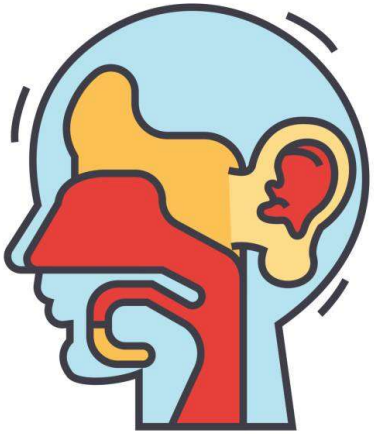
If it has not fully resolved by 3 months, visit your GP again who will refer you to the ENT team for specialist review. Please bring this leaflet to the GP with you.

If you are diabetic, please inform your Diabetic Nurse Specialist today that you have started steroids.

HSC Health and Social Care

Bell's Palsy in Children

Discharge advice leaflet



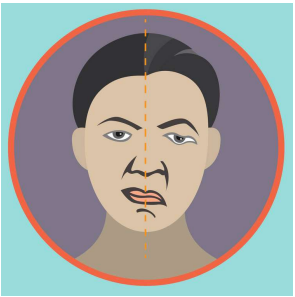
What is Bell's Palsy?

Bell's palsy is a weakness of the facial muscles on one side of the face. It is not fully understood why this happens, but is likely due to inflammation of the nerve that supplies the muscles to that side of the face. It is NOT a stroke.

It is uncommon, affecting around 6.6 in every 100,000 children.

Clinically this will mean, on one side:

- The forehead won't wrinkle as much
- The eye may not close on blinking
- The eye may stream tears, or get very dry and sore
- The smile will look wonky
- It may be difficult to keep food or fluids in your mouth
- Taste may be affected
- Very mild pain behind the affected ear



Will it get better?

As the inflammation settles down and the nerve repairs itself, generally the power to the facial muscles improves. This is a slow process.

Most children get better within 2-3 months. Up to 95% will have full power again by 1 year. A minority of people will be left with some degree of permanent weakness.

How is it treated?

In adults, there is good evidence that steroids help reduce the inflammation and improve the chances of the weakness getting better, if started within 72hours of symptom onset.

There is not good evidence currently that steroids definitely have the same benefit for children.

As we would like to give children the best chance of improving, steroids will be offered to your child, as long as there is no contraindications to giving them. The pros and cons should be discussed with you.

Most children tolerate steroids very well with minimal side effects, although they do not taste very nice.

Side effects that can occur in children include: hyperactivity or paradoxical fatigue, increased appetite and increased risk of infection. If your child has had a lot of steroids recently, they may be at risk of dangerous hormone and electrolyte imbalance. These are things your doctor will weigh up when discussing with you.

The course of steroids is once daily for 7 days only.

It is very important to look after your eye. If the lid does not close fully on blinking or sleeping, there is a risk the eye will dry out and get scratched. To minimize this, you will get eye drops for the day (Carbomer 0.2% eye gel), to be used 5 times throughout the day. You will also receive thicker eye drops (Hylonight Eye ointment) for use before sleep. You can stop using these when the eye closes itself again on blinking.

If the eye does not close on sleeping, you should tape your eye shut. Please visit this link for a tutorial video on how to tape the eye shut.