

Isolated facial nerve palsy / Bell's Palsy

Assessment

Clinical history

Examination including cranial nerve assessment and PNS examination

Crude assessment of hearing (by pushing the tragus and whispering numbers) and assessment of the TM and external canal

Palpate the parotids for masses/tenderness

Consider grading of facial nerve weakness by using the House Brackmann score - [see appendix](#)

Typical features of facial nerve palsy

Rapid onset (<72 hours)

Unilateral

Involving the both the upper and lower part of the face

Ear and post auricular pain on affected side with NO features of infection or cholesteatoma

Difficulty in chewing, dry mouth (in 20%), changes in taste (in 35%)

Facial paraesthesia

Speech articulation problems, drooling

Aged ≥15 years. Children below the age of 15 years **MUST** be assessed by paediatrics before discharge

If atypical features (PNS involvement, ear signs, rash, bilateral sx, parotid swelling) consider other diagnosis and investigate appropriately – [See appendix](#)

Management

Patients with typical features of Bell's palsy **do not** require investigation in A+E - Discuss with ED senior if **ANY** doubt in diagnosis

Follow up ENT rapid access clinic in 10-14 days

If facial weakness affects eating recommend use of straw for fluids/ soft foods

If any eye involvement provide microporus tape for overnight PLUS ocular lubricants

Prednisolone PO 50mg for 10 days (with food and before noon) if onset within last 2 weeks

Safety net regarding use of high dose steroids including risk of peptic ulcers/ mood alteration and consider Omeprazole 20mg PO OD for 2 weeks