

BELL'S PALSY PROFORMA

Seen by:	Pati	ent Deta	ils: affix patient label here	
Grade:	Name:			
Date:		Hospital No:		
	DOE	3:		
HISTORY	EXA	MINATIC	DN:	
Date of onset:	Neu	rology:		
Rapid onset within 72 hours: Y/N*	Facial palsy including forehead: Y/N Side of facial palsy: Right Left House-Brackmann scale:			
Trauma/ Head injury? **	0	1		
nadma rioda injury.	Grade	Description Normal	Characteristics Normal facial function in all areas	
	11	Mild dysfunction		
Past medical history:	III	Moderate dysfunction	Obvious, but not disfiguring, difference between 2 sides; noticeable, but not severe, synkinesis, contracture, or hemifacial spasm; complete eye closure with effort	
Diabetes: Y/N	IV	Moderately severe dysfunction	Obvious weakness or disfiguring asymmetry; normal symmetry and tone at rest; incomplete eye closure	
Previous stroke: Y/N Residual symptoms (list):	V	Severe dysfunction	Only barely perceptible motion; asymmetry at rest	
	VI	Total paralysis	No movement	
* If no: consider other diagnoses e.g. malignancy **f yes - consider CT head/other diagnoses				
	Opt	Visual Vision Fluore	velid closure: Y/N acuity: change: Y/N scein examination with slit lamp (blue light): tis: Y / N	
MANAGEMENT:				
 Oral prednisolone (if no contra-indications) If pregnant and within 1st trimester - risk of reduct If diabetic - advise regarding need for careful glyd If at high risk of GI bleeding (e.g. known history of use) - add lansoprazole 30mg OD	ced feta cemic of f peption ferral).	al growth control c or duode	enal ulcer/ gastritis, concomitant NSAID d/ able to fully close eye)	
3. Close eye with microporous tape at nig	ı ht (adv	ise agains	st eve patches)	
3. (* Valacyclovir 500mg BD for 5 days if vesic	•	•		
4. Refer to ENT RAC clinic within 2 weeks (can	-	_		