Can a facial palsy protocol improve the management of patients presenting to the ENT emergency department with facial paralysis?

Ajith George, Emma McFarlane & Churnal Hari
The Royal Shrewsbury Hospital, Shropshire, UK

Abstract

Objectives
1. Evaluate whether a facial palsy protocol improves the clinical management of facial palsy
2. Assess the efficacy of the House-Brackmann (HB) scale in prescribing ‘eye care’ for patients.

Methods
A cross sectional study of patients presenting with facial palsy was performed in a UK Otolaryngology out-patient department from January 2008 to December 2009. A specific Facial palsy management protocol was followed, developed using outcome assessment data from a previous 2005-2006 analysis where no protocol was in use. Documentation of diagnosis, side of palsy, trauma, upper or lower motor neurone lesion, cranial nerve examination, parotid and neck examination, otoscopy, audiometry, examination of the oral cavity, HB grade and treatment with eye care, aciclovir and/or prednisolone were recorded, analysed and compared to previous data.

Results
94 case notes were included with a mean age of 43.56 yrs (range 2-86) and 44/50 male to female ratio. The patients mean delays to initiating treatment and assessment in secondary care were 2.51 and 5.15 days respectively.

Following the protocol introduction after 2006 there was an improvement in documentation of assessment in facial palsy, particularly neck examination 6% to 57.4% and HB documentation from 61% to 83%. Patients diagnosed with a palsy of grade IV or above were 19 times more likely to receive eye care (Chi² =18.056, p =0.025) than those with grade III or less.

Conclusion
The departmental facial palsy protocol for junior inexperienced doctors improves management. Ensuring documentation of the HB scale significantly improves eye care prescription.

Introduction
Aetiology of facial palsy is extremely diverse. Most cases presenting to emergency ENT departments are diagnosed with Bells palsy that has an annual worldwide reported incidence of 26-32.7 per 100,000. This diagnosis can be made only after excluding other pathology involving the facial nerve along its tortuous course from its nucleus in the brainstem to the facial muscles. The most junior member of the ENT team is often at the forefront of emergency care. Out of hours non-ENT trainees may now provide this cover in order to adhere to UK guidelines for working hour compliance. It is imperative to provide these doctors with easily accessible reliable sources of information to aid their diagnosis and management of emergency patients.

Discussion
Recent studies demonstrate a lack of evidence for the use of anti viral therapy in managing patients diagnosed with Bells palsy. The 2009 Bells Study compared combined aciclovir and prednisolone versus prednisolone alone for early management (within 72 hours). The recovery after 3 months was 86.3% for prednisolone alone versus 79.7% for combination therapy. There is however uncertainty as to whether anti viral therapy is beneficial for individuals diagnosed with Ramsay Hunt syndrome. Some evidence suggests a faster resolution of symptoms when using Aciclovir for the management Varicella Zoster virus infection of the facial nerve and in other parts of the body and as a result it is commonly prescribed. Inexperience may be associated with uncertainty of diagnosis between Bells Palsy and Ramsay Hunt Syndrome. To avoid the risk of mis-managing a patient with Varicella Zoster infection we have included the addition of Aciclovir with corticosteroid therapy on our management protocol.

References
1. Sullivan FM, Swan IRC, Donnan PT et al. A randomised controlled trial of the use of aciclovir and/or prednisolone for the early treatment of Bell’s palsy: the Bells study. Health Technology Assessment 2009 Vol 13, No 47
7. Images accessed at http://info.med.yale.edu/caim/cnerves/cn7/cn7_1.html