

# Facial Nerve Palsy

## Routine Care

**History, Examination & BP**

**FBC, film & Lyme Serology**

**Eye care is the priority in all cases** – use Hypomellose/Lacri-lube + tape at night if incomplete eye closure

**Antibiotics** – Oral Amoxicillin 15-20mg/kg (max 500mg) tds for 14 days.

If penicillin allergic:  
< 12 years – Azithromycin 10mg/kg (max 500mg) od 3 days/week for 2 weeks  
> 12 years – 100mg bd for 2 weeks

**Steroids** – If symptomatic for < 72 hours prescribe Prednisolone 1mg/kg (max 40mg) for 10 days

## Imaging

Consider CT or MRI Head if red flags

## Antivirals

Probably not indicated – Cochrane review showed 'no significant benefit'

## Follow-up

Arrange review in 1 week.  
Stop antibiotics if Lyme serology negative.  
If progression of symptoms consider underlying diagnosis and need for referral.

Arrange further review in 3-6 weeks. If persistent symptoms reconsider underlying diagnosis and need for referral.

Long term prognosis is good with 85% resolution within 3 weeks. Complete resolution should occur within 3-5 months.



## Red Flags

Forehead sparing and/or other abnormal neurological findings

Acute otitis media, effusion, hearing loss, vertigo, ear discharge, vesicles

Parotid mass

Bilateral palsy

Severe pain

Bruising or organomegaly

Hypertension



## Consider Referral

Ophthalmology - essential if eye closure is impaired

ENT – Refer any child < 3 years with ear symptoms and if there are red flags in all age groups

Neurology – if focal or evolving neurological signs

Speech & Language Therapy – if concerns about communication or swallowing

Physiotherapy - if no recovery after 6 weeks refer to Wessex Facial Nerve Centre.



**Complex or atypical cases should be referred to:**

**[The Wessex Facial Nerve Centre](#)**