



A guide to...

Bell's Palsy

Patient Information

Children's Emergency Department (CED)

Watford General Hospital



Caring for your child

Your child has been diagnosed with a facial palsy.

We are happy that your child is well enough to be taken home under your supervision.

What is it?

Facial palsy is a condition where there is weakness of facial muscles on one side of the face. While there are many different causes, often none is identified (idiopathic). Idiopathic facial palsy is known as Bell's Palsy, and is fairly common in children.

Why causes Bells Palsy?

The cause of facial nerve palsy is not fully understood, but it may be caused by pressure or swelling of the nerve that supplies the face.

This may be caused by:

- Trauma (eg, a bang to the head)
- Ear infections
- Infection of the skull bone close to the ear (mastoiditis)
- Infection of the parotid gland (parotitis)
- Infection with a herpes virus—this type of facial palsy is called Ramsay-Hunt Syndrome.
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Signs & Symptoms of Facial Palsy

Facial palsy develops quickly, usually over 72 hours and children are not generally unwell. It causes:

- Difficulty smiling
- Difficulty chewing food or drinking
- Difficulty raising their eyebrows
- Be unable to close their affected eye properly — this can cause excessive tear production or dry eye
- Have mild facial pain or pain behind the ear.

If there are any blisters visible in the ear canal, tongue or roof of the mouth, this indicates Ramsay-Hunt Syndrome and needs review.

Treatment

More than 95% of children with Bell's Palsy recover fully with no treatment at all.

The use of steroids is **not** indicated. Evidence has shown us that they are rarely of value in the treatment of Bell's Palsy.

Your child's Bell's Palsy may get worse before you see any signs of improvement. There are usually signs of improvement in about six weeks. It may be a year before the facial weakness has got completely better. In a very small number of children, the nerve does not recover and they have permanent muscle weakness.

Treatment is required:

- If your child has difficulty closing their affected eye, it is important that they have lubricating eye drops several times per day. These are available over the counter. In this instance, the eye should be patched shut whilst your child is sleeping.
- Antiviral medication may be started if there is a suspicion that the herpes virus is causing the nerve inflammation (Ramsay-Hunt Syndrome).
- If your child also has an ear infection, your doctor may prescribe oral antibiotics.
- If there are signs of mastoiditis or parotitis, then it is likely your child will need to be admitted to hospital for intravenous (IV) antibiotics and ENT review.

Is Bell's Palsy contagious?

No! Bell's palsy is not contagious, however if the cause is a virus (eg: herpes) then the underlying condition may be. Discuss this with your clinician.

RED FLAG SIGNS?

Call 999 if any of the following occur:

- Development of sudden facial droop over a period of seconds or minutes, with or without difficulty with speaking.
- Slurred speech or difficulty finding / forming words, confusion or head pain
- Body weakness—can they hold both arms outstretched in front of them?

Seek clinician review if:

- A blister type rash is visible to the ear canal, tongue or roof of mouth develops as this indicates Ramsay-Hunt Syndrome and will be treated with antiviral medication
- Redness, swelling or pain develops on the bone behind the ear. Also, if the ear appears to be protruding forward.
- Neck swelling
- You are concerned your child seems more unwell.
- There is no improvement after six weeks.

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email **westherts.pals@nhs.uk**



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