DIANE'S NGN NCLEX 2026 STUDY SERIES · NO. 31

Bell's *Palsy*

Acute, idiopathic, unilateral lower motor neuron facial paralysis caused by inflammation of cranial nerve VII (the facial nerve). Most resolve completely within 3–6 months — but eye protection is the priority that wins NCLEX questions.

NEUROLOGY · CN VII

1 Definition & Overview

WHAT IT IS

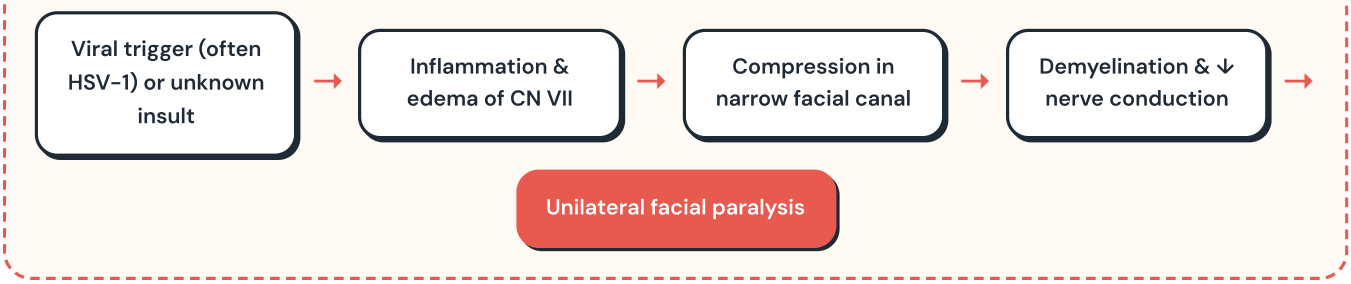
A sudden, unilateral paralysis of the facial muscles caused by inflammation, edema, or compression of the **seventh cranial nerve (CN VII — facial nerve)** as it passes through the narrow facial canal of the temporal bone.

- **Idiopathic** — most often linked to viral reactivation (especially **herpes simplex virus type 1**); also associated with Lyme disease, varicella-zoster (Ramsay Hunt syndrome), pregnancy, and diabetes.
- **Lower motor neuron (LMN) lesion** → entire half of the face is affected, including the forehead. This is the single most testable distinction from a stroke.
- Peak onset: ages 15–60. Onset is rapid (hours to 48 hr) and most clients fully recover within **3–6 months**; ~70–80 % regain complete function.

2 Pathophysiology — Simplified

MECHANISM

CN VII innervates the muscles of facial expression, the lacrimal & salivary glands, taste on the anterior 2/3 of the tongue, and the stapedius muscle of the inner ear. When the nerve becomes inflamed inside its bony canal, every one of those functions can fail at once.

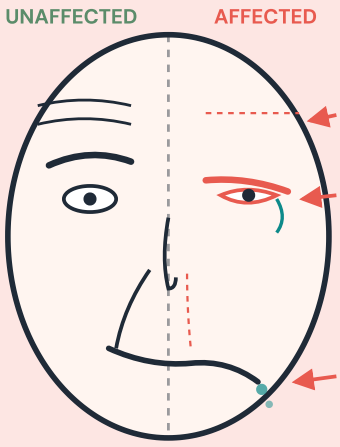


🧠 **WHY "THE FOREHEAD" MATTERS**

The upper face receives bilateral cortical input, so a **stroke (UMN lesion) spares the forehead**. Bell's palsy is a **peripheral / LMN** lesion, so the forehead droops, the eyebrow won't lift, and the eye won't close — classic clues that point AWAY from stroke.

3 Signs & Symptoms

CLINICAL CUES



UNILATERAL DROOP · WHOLE HALF OF FACE

Early / Initial

- Pain or numbness **behind the ear** (mastoid area) — may precede paralysis by 1–2 days
- Sudden **unilateral** facial weakness over hours to 48 hr
- Decreased tearing OR **excessive tearing** on affected side
- Altered taste, anterior 2/3 of tongue (dysgeusia)

Established / Severe

- **Inability to close the eye** on affected side (corneal abrasion risk)
- Drooping mouth, **drooling**, food pocketing, dysphagia
- Loss of forehead wrinkles & nasolabial fold flattening
- **Hyperacusis** — sounds painfully loud (stapedius paralysis)
- **Bell's phenomenon**: eyeball rolls upward when client tries to close the eye

RED FLAG — ALWAYS RULE OUT STROKE FIRST

Sudden unilateral facial weakness is a stroke until proven otherwise. **If the forehead is spared, weakness is in an arm/leg, speech is slurred, or onset is over minutes** → this is NOT Bell's palsy. Activate stroke protocol.

4 Bell's Palsy vs. Stroke

TOP NCLEX DISTINCTION

This single comparison wins more NCLEX questions than any other Bell's palsy concept. Memorize the forehead rule.

Feature	Bell's Palsy (LMN)	Stroke (UMN)
Forehead	**Affected** — eyebrow won't lift, no wrinkles	**Spared** — wrinkles intact, eyebrow lifts
Eye closure	Cannot close eye	Eye closure usually preserved
Onset	Hours to 48 hr	Sudden (minutes)
Other neuro deficits	None — face only	Arm / leg weakness, slurred speech, aphasia
Taste / hearing	↓ taste anterior 2/3 tongue, hyperacusis	Usually normal
Action	Steroids ± antivirals, eye care	Stroke protocol — time-critical

5 Priority Nursing Interventions

ABCS & SAFETY

A — Airway

- Assess swallow before food/fluids
- Aspiration risk — drooping mouth
- Position upright for meals
- Suction available at bedside

B — Breathing

- Usually unaffected
- Watch for choking with thin liquids
- Consider speech therapy referral
- Encourage slow, small bites

C — Circulation / Comfort

- Pain control for mastoid pain
- Warm moist heat to affected side
- Gentle facial massage
- Emotional support — body-image distress

S — Safety — EYE

- **Artificial tears Q1–2H awake**
- Lubricating ointment + eye patch at HS
- Sunglasses outdoors
- Monitor for redness, foreign-body sensation

THE #1 PRIORITY — EYE PROTECTION

The affected eye **cannot close, blink, or produce a normal tear film**. Without protection, the cornea dries → corneal abrasion → ulceration → vision loss. On NCLEX, "instill artificial tears and tape the eyelid closed at night" is the gold-standard answer for any Bell's palsy safety question.

6 Pharmacology

DRUGS & NURSING CARE

DRUG / CLASS	MECHANISM	KEY SIDE EFFECTS	NURSING CONSIDERATIONS
Prednisone Corticosteroid	↓ Inflammation & edema of CN VII; reduces pressure inside facial canal	↑ Glucose, ↑ BP, GI upset, mood changes, immunosuppression, insomnia	**Start within 72 hr of onset** for best outcome. Give with food. Taper — never stop abruptly. Monitor blood glucose (esp. diabetic clients).
Acyclovir / Valacyclovir Antiviral	Inhibits viral DNA replication; targets HSV/VZV reactivation	Nausea, headache, nephrotoxicity (esp. IV)	Encourage **fluids** to protect kidneys. Used **with** steroids when severe paralysis or HSV/VZV suspected.
Artificial Tears Ocular lubricant	Replaces tear film; prevents corneal drying & abrasion	Transient blurred vision	Instill **every 1–2 hr while awake**. Use lubricating ointment + eye patch/shield at night. Inner-to-outer canthus rule for any irrigation.
Analgesics Acetaminophen / NSAIDs	Pain relief for mastoid/post-auricular pain	NSAID: GI upset, renal effects · APAP: hepatotoxic if >4 g/day	Give NSAIDs with food. Assess pain on a 0–10 scale before & after.

7 NCLEX Test Traps

COMMON CONFUSIONS

⚠ Trap #1 — Calling it a stroke

~~"Notify the rapid response team for stroke alert"~~ ✓ **Assess for forehead movement & other neuro deficits FIRST** — if forehead is paralyzed and the rest of the body is normal, it's Bell's, not a stroke.

⚠ Trap #2 — Forgetting eye protection

~~"Encourage facial muscle exercises"~~ ✓ **Instill artificial tears and apply eye patch at bedtime** — exercises help, but eye protection prevents permanent vision loss. Safety beats rehab.

⚠ Trap #3 — Telling the client it's permanent

~~"You will need to adjust to lifelong facial weakness"~~ ✓ **"Most clients regain full function in 3–6 months"** — therapeutic, accurate, and reduces anxiety.

⚠ Trap #4 — Delaying steroids

~~"Wait for further imaging before starting prednisone"~~ ✓ **Administer prednisone within 72 hr of symptom onset** — Bell's palsy is a clinical diagnosis; early steroids drive recovery.

⚠ Trap #5 — Cold therapy on the face

~~"Apply ice packs to the affected side"~~ ✓ **Apply warm moist heat** — warmth promotes circulation and comfort; cold can worsen muscle tightness.

8 Patient & Family Education

DISCHARGE TEACHING

👁️ Protect the eye day & night
Artificial tears every 1–2 hr awake; lubricating ointment + eye patch or shield at bedtime; sunglasses outside.

🍽️ Eat on the unaffected side
Soft, easy-to-chew foods; small bites; sit upright; sip thick fluids slowly to prevent aspiration.

💪 Facial exercises 3–4×/day
Smile, frown, wrinkle forehead, blow out cheeks, raise eyebrows in front of a mirror to maintain muscle tone.

🔥 Warm moist heat to face
Apply 15–20 min several times/day; gentle massage with an upward, circular motion improves comfort.

💊 Take steroids exactly as prescribed
Do not stop abruptly — taper as ordered. Take with food. Monitor blood glucose if diabetic.

🪥 Mouth & oral care
Brush/rinse after every meal — food pockets in the affected cheek; use a soft toothbrush.

🧠 It's not a stroke — and it's usually temporary
70–80 % recover fully within 3–6 months. Reassurance reduces anxiety; provide emotional support for body-image concerns.

📞 When to call the provider
Eye pain, redness, or vision change · worsening weakness or new neuro symptoms · fever · no improvement after 3 weeks.

9 Memory Boosters

MNEMONICS

B · E · L · L · S

Five hallmark cues of Bell's palsy

B	E	L	L	S
Blink reflex absent	Earache (mastoid pain)	Lacrimation altered	Loss of taste (anterior 2/3)	Sudden onset / Smile asymmetry

🧠 Forehead Rule

Forehead spared = Stroke. Forehead drooping = Bell's. The single best one-second test.

👁️ "Eye care = Top care"

If a Bell's palsy NCLEX question asks for the priority, look for the answer that **protects the cornea**.

⏰ "72-hour Window"

Prednisone works best when started **within 72 hr** of symptom onset — earlier is always better.

🔔 **PATTERN RECOGNITION**

Sudden unilateral face droop + ear pain + can't close eye + normal arms/legs = **Bell's palsy**. Add slurred speech or limb weakness and the answer flips to **stroke**.

10

NCJMM Clinical Judgment Scenario

SIX-STEP MODEL · NGN 2026 ALIGNMENT

Scenario: *A 38-year-old client presents to the clinic reporting that this morning she "couldn't blink her right eye and her face felt strange." She woke with mastoid pain yesterday. Vital signs: BP 124/78, HR 82, RR 16, SpO_2 98 %, T 98.4 °F. On exam, the right side of her face droops, the right eyebrow does not elevate, the right eye does not close completely, and she has decreased taste on the right anterior tongue. Speech is clear; arm and leg strength are 5/5 bilaterally.*

STEP 1 · RECOGNIZE CUES

What's relevant?

Sudden unilateral facial droop, **forehead involvement**, eye-closure failure, mastoid pain, taste loss, normal limb strength, normal speech.

STEP 2 · ANALYZE CUES

What do they mean?

Forehead involvement + isolated facial weakness + intact limbs & speech = LMN lesion of CN VII. Pattern fits Bell's palsy, not stroke.

STEP 3 · PRIORITIZE HYPOTHESES

Most likely?

Bell's palsy (high likelihood). Differential: stroke (lower — forehead involved), Lyme disease, Ramsay Hunt syndrome (look for vesicles in ear).

STEP 4 · GENERATE SOLUTIONS

What's the plan?

Eye protection (artificial tears + nighttime ointment/patch), prednisone within 72 hr, ± antiviral, soft diet, warm moist heat, facial exercises, emotional support.

STEP 5 · TAKE ACTION

What does the nurse do?

Instill artificial tears Q1–2H, teach eye-patch use at HS, administer prednisone as ordered, demonstrate facial exercises, reinforce that recovery is expected.

STEP 6 · EVALUATE OUTCOMES

Did it work?

Cornea remains clear & moist, no eye pain, client demonstrates eye care, swallowing safe, gradual return of facial movement over weeks.