

First 72 Hours Guide



The first three days following a Bell's Palsy diagnosis are the most critical for your long-term recovery. This guide covers the immediate medical steps, crucial eye protection protocols, and urgent warning signs.

1. Medical Urgency: Corticosteroids

The immediate priority is reducing the inflammation of the 7th cranial nerve.

- **The Standard of Care:** Oral corticosteroids (like Prednisone) are the front-line treatment and must ideally be started within 48 to 72 hours of symptom onset.
- **Why it Matters:** Early administration significantly improves the chances of a complete recovery by reducing nerve compression in the narrow facial canal.
- **Antivirals:** Your doctor may also prescribe antiviral medications (like Valacyclovir) alongside steroids, as viral infections often trigger the inflammation.

2. Urgent Eye Protection

Because Bell's Palsy often prevents the eye from blinking or closing fully, the cornea is at severe risk of drying out, scratching, or ulcerating.

- **Daytime Care:** Use preservative-free artificial tears or lubricating eye drops every 1 to 2 hours.
- **Nighttime Care:** Apply a thicker ophthalmic lubricating ointment before bed.
- **Taping:** Learn how to medically tape your eye shut at night or use a moisture-chamber eye patch to prevent corneal damage while sleeping.

What Not To Wait On (Red Flags)

Bell's Palsy only affects the facial nerve. If you experience any of the following symptoms, go to the nearest emergency room immediately, as these may indicate a stroke or other neurological event:

- Weakness or numbness in your arms or legs.
- Difficulty speaking, slurred speech, or confusion.
- Vision changes (beyond the dry/blurry eye on the affected side).
- Severe, sudden headache or loss of balance.

