



CLINICAL GUIDELINE

3rd, 4th & 6th Cranial Nerve Palsies, Acute Management

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	2
Does this version include changes to clinical advice:	No
Date Approved:	29 th September 2021
Date of Next Review:	29 th September 2024
Lead Author:	Clifford Weir
Approval Group:	Ophthalmology Clinical Governance Forum

Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Acute Management of 3rd, 4th & 6th Cranial Nerve Palsies

History & Examination

(obtain formal Orthoptic assessment where possible)

Longstanding?

Liaise with Orthoptic team re: management

Request 'Adult Motility/Neuro-Ophthalmology Review'

Acquired, Isolated 3rd, 4th or 6th CNP?

For **ALL** patients, check anti-acetylcholine receptor antibody level, FBC, U&Es, LFTs, CRP, ESR, and lipid profile.

Microvascular? (age >50, diabetes, hyperlipidaemia, hypertension, smoker)

Check BP

Request outpatient MRI head

Liaise with GP re: reversible vascular risk factors

Request 'Adult Motility/Neuro-Ophthalmology Review'

Vs.

Non-microvascular? (no microvascular risk factors)

Discuss with Medicine/Neuro-Ophthalmology and admit to QEUH/GRI

Urgent inpatient MRI head

Request 'Adult Motility/Neuro-Ophthalmology Review'

OR Arteritic? (scalp tenderness, jaw claudication, neck stiffness, headache, age >50, night sweats, weight loss)

Urgent ESR, CRP & FBC

Manage as per GCA protocol (inc. temporal artery biopsy)

Request 'Adult Motility/Neuro-Ophthalmology Review'

OR Painful or pupil-involving 3rd cranial nerve palsy?

Discuss with Medicine/Neurology and admit to QEUH/GRI

Urgent neuroimaging (MRI head + CT angiography)

Request 'Adult Motility/Neuro-Ophthalmology Review'

Complex?

(multiple cranial nerve involvement OR isolated cranial nerve involvement with other neurological abnormalities)

Urgent neuroimaging

Discuss with Medicine/Neurology and admit to QEUH/GRI

Request 'Adult Motility/Neuro-Ophthalmology Review'