MANAGEMENT OF GUILLAIN-BARRÈ SYNDROME IN 10 STEPS

DIAGNOSIS

1 WHEN TO SUSPECT GBS

- Rapidly progressive bilateral limb weakness and/or sensory deficits
- Hypo/areflexia
- Facial or bulbar palsy
- Ophthalmoplegia and ataxia

2 HOW TO DIAGNOSE GBS

- Check diagnostic criteria
- Exclude other causes
- Consider:

(a) Routine laboratory tests
(b) CSF examination
(c) Electrophysiological studies

ACUTE CARE

3 WHEN TO ADMIT TO ICU

One or more:

- Rapid progression of weakness
- Severe autonomic or swallowing dysfunction
- Evolving respiratory distress
- EGRIS >4

4 WHEN TO START TREATMENT

One or more:

- Inability to walk >10m independently
- Rapid progression of weakness
- Severe autonomic or swallowing dysfunction
- Respiratory insufficiency

5 TREATMENT OPTIONS

- Intravenous immunoglobulin (0.4g/kg, daily for 5d)
- Plasma exchange (200-250ml/kg for 5 sessions)

6 MONITORING

Regularly assess:*

- Muscle strength
- Respiratory function
- Swallowing function
- Autonomic function
  - Blood pressure
  - Heart rate/rhythm
  - Bladder/bowel control

7 EARLY COMPLICATIONS

- Choking
- Cardiac arrhythmias
- Infections
- Deep vein thrombosis
- Pain
- Delirium
- Depression
- Urinary retention
- Constipation
- Corneal ulceration
- Dietary deficiency
- Hyponatremia
- Pressure ulcers
- Compression neuropathy
- Limb contractures

8 CLINICAL PROGRESSION

No initial response or incomplete recovery:

- No evidence for repeating treatment

Treatment-related fluctuation (TRF):

- Repeat same treatment

LONG-TERM CARE

9 PREDICTING OUTCOME

- Calculate mEGOS on admission and on day 7
- Recovery can continue >3y after onset
- Recurrence is rare (2-5%)

10 REHABILITATION

- Start rehabilitation program early
- Manage long-term complaints: fatigue, pain, psychosocial distress
- Contact GBS patient organization

*Frequency of monitoring is dependent on the clinical picture and should be assessed in individual patients.