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

HOW TO DIAGNOSE GBS
- Check diagnostic criteria
- Exclude other causes
- Consider:
  (a) Routine laboratory tests
  (b) CSF examination
  (c) Electrophysiological studies

WHEN TO ADMIT TO ICU
One or more:
- Rapid progression of weakness
- Severe autonomic or swallowing dysfunction
- Evolving respiratory distress
- EGRIS >4

WHEN TO START TREATMENT
One or more:
- Inability to walk >10m independently
- Rapid progression of weakness
- Severe autonomic or swallowing dysfunction
- Respiratory insufficiency

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

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

CLINICAL PROGRESSION
No initial response or incomplete recovery:
- No evidence for repeating treatment
Treatment-related fluctuation (TRF):
- Repeat same treatment

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.