CC: [Chief Complaint]  
  
S: [Patient Age] [Patient Gender (Male/Female)] complaining of the \_ side of face feeling numb for \_ days. Can't close that eye all the way, or move that side of the face very well. The other side of the face works fine.   
No recent viral illness.  
Patient has felt a slow progression of difficulty with movement of their mouth.   
They felt some pain on the affected side over the past few days.  
  
ROS: No problems with thought pattern, and no other extremity weakness. No dizziness or light headedness. No blurry vision or slurred speech. No fever or chills. No HA. Remainder of ROS is negative.  
  
Patient Medical History: No h/o CVA or CAD. Reviewed history and problem list; as noted, otherwise was found to be noncontributory.  
Immunizations UTD.  
PFSH: Reviewed  
Meds: Reviewed  
Allergies; NKDA  
  
Chief Complaint, vitals, meds and allergies, recorded in separate triage note from today, all reviewed.  
  
O: Well developed/well nourished &patsex in NAD, non-toxic.  
HEENT: MMM, TMs: WNL, no erythema, normal landmarks. No scleral icterus or facial swelling. No conjunctival injection or photophobia. I do not appreciate any vessicles or tenderness/swelling in \_ auditory canal.  
Face: Facial weakness on the \_, including the forehead. Approximately []% of function lost. Opens eye ok, but unable to completely close eye. Normal sensation on face.  
Oropharynx: Dentition in good repair, non-erythematous, no post-nasal discharge, no exudate.  
Neck: Supple without adenopathy  
Lungs: CTA B, no R/R/W  
CV: NSR without murmurs, rubs, or gallops.  
Extremities: No cyanosis, clubbing, or edema.  
Skin: WNL, CR < 2 sec, warm, dry, no rash, no petechiae.  
Neuro: CN 2-12 intact, except for unilateral facial nerve weakness as described above. Reflexes 2/4 patellar. Speech was normal. Gait normal. Negative Rhomberg. Normal cerebellar function.  
  
A: Bell's Palsy  
  
P: Instructions given to patient.   
Valtrex 1000mg TID for 10 days.   
Also Prednisone taper.  
Symptoms of stroke were discussed. Patient to go to ER ASAP if any progression of symptoms to other areas of face/body, or if HA develops. Patient should f/u in 1 week to re-evaluate symptoms. Patient will use lacrilube QHS, and tape their eye closed (vertical application) at night...moistening eye drops/artificial tears in the day. Handout given about Bell's Palsy. Plan discussed with patient. Pt understands plan.