

# To ER Physicians & Nurses

## Consider Guillain-Barre Syndrome (GBS)

a.k.a Post-Infectious Neuropathy, Acute Inflammatory Demyelinating Polyradiculoneuropathy (AIDP), Landry's Ascending Paralysis

### If a patient presents with:

- **New symmetric weakness** of legs and/or arms, commonly ascending, developing over the past few days to up to 4 weeks, usually with difficulty walking, using stairs, holding things, or has a drooping face
- **Paresthesias, i.e., unusual sensations** such as tingling, pins and needles, numbness of the feet, hands, face, even formications and /or pain in the back and limbs
- **Reflexes diminished or absent** in the weakened limbs
- Perhaps a **recent infection, e.g., an upper respiratory infection, sore throat, or diarrhea**

## Suggested further actions

- Admit to a monitored bed to watch for impending respiratory insufficiency, brady- or tachycardia, blood pressure changes
- Obtain a neurology consult
- Perform lumbar puncture to check for elevated spinal fluid protein without cell increase
- Obtain nerve conduction velocity-electromyography test (NCV-EMG)

The GBS/CIDP Foundation International is working for a future when no one with Guillain-Barre syndrome (GBS), chronic inflammatory demyelinating polyneuropathy (CIDP), and related syndromes such as multifocal motor neuropathy (MMN) suffers alone and that everyone has access to the right diagnosis and the right treatment, right away.

### Guillain-Barre Syndrome ■ Chronic Inflammatory Demyelinating Polyneuropathy

Provided as educational information by the GBS|CIDP Foundation International. Newly diagnosed patients and families are invited to contact the Foundation for educational literature, local chapter information, and visits by recovered patients.

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