general:
- components of treatment for patients with GBS are as follows:
  (i) management of ventilatory failure
  (ii) management of autonomic dysfunction
  (iii) management of painful peripheral neuropathy
  (iv) meticulous nursing care
  (v) psychologic support
  (vi) physical and occupational therapy
  (vii) prevention of deep vein thrombosis
  (viii) nutritional support
  (ix) early planning for rehabilitation
  (x) immunotherapy for underlying immune process

respiratory failure:
- patients with GBS and evolving respiratory failure should generally be intubated when the vital capacity falls to about 15ml/kg or when difficulty with secretions begins because the recovery is generally slow [suxamethonium should be avoided]
- many patients become too weak to trigger the ventilator requiring mandatory modes
- weaning patients with GBS must wait for adequate strength to return [an improvement in vital capacity to >15ml/kg and in negative inspiratory force to greater than 25cmH2O usually suggests that a patient has improved enough to begin weaning; a formula using a combination of ventilatory and gas exchange variables has also been designed for this purpose]
- the majority of patients require support for less than 4 weeks but as many as 20% require more than 2 months

autonomic dysfunction:
- treatment of autonomic dysfunction is difficult with marked lability in blood pressure responses
- precise aetiology is unknown but GBS is immune mediated and many patients become too weak to trigger the ventilator requiring mandatory modes
- weaning patients with GBS must wait for adequate strength to return [an improvement in vital capacity to >15ml/kg and in negative inspiratory force to greater than 25cmH2O usually suggests that a patient has improved enough to begin weaning; a formula using a combination of ventilatory and gas exchange variables has also been designed for this purpose]
- the majority of patients require support for less than 4 weeks but as many as 20% require more than 2 months

clinical manifestations
- Guillain Barre Syndrome
- [created by Paul Young 20/11/01]

diagnostic criteria for typical Guillain Barre Syndrome
1. features required for diagnosis
   (i) progressive weakness in both arms and both legs
   (ii) areflexia
2. features strongly supportive of the diagnosis
   (i) progression over days to 4 weeks
   (ii) relative symmetry of symptoms
   (iii) mild sensory symptoms or signs
   (iv) cranial nerve involvement (particularly bilateral weakness of facial muscles)
3. features excluding diagnosis
   (v) absence of fever at onset
4. high CSF protein with fever than 10x6cells/L
5. typical electrodiagnostic features
6. features excluding diagnosis
   (i) botulism, polio, myasthenia or toxic neuropathy
   (ii) abnormal porphyrin metabolism
   (iii) recent diptheria
   (iv) history or evidence of lead intoxication
   (v) pure sensory syndrome without weakness

diagnostic criteria
- for Guillain Barre Syndrome
- CSF:
  - typically reveals elevated protein content without pleocytosis
  - the nucleated cell count is <10 cells/mm3
  - a CSF lymphocytosis of 10-25 cells/mm3 may suggest the possibility of HIV nerve conduction studies:
  - may be normal initially but often reflect segmental nerve demyelination with:
    (i) multifocal conduction blocks
    (ii) temporally dispersed compound muscle action potentials
    (iii) slowed conduction velocity
    (iv) prolonged or absent F waves

investigation:
- (i) CT or MRI of c-spine should be considered to exclude a high cervical lesion