

EXHALE ACADEMY CSE CHEAT SHEET #14

MYASTHENIA GRAVIS VS GUILLAIN-BARRE

MYASTHENIA GRAVIS

Mind to ground: descending weakness.

- Ptosis/drooping eyelids is a major clue.
- Face, throat, swallowing, and respiratory muscles can weaken.
- Weakness worsens with repetitive use.
- Myasthenic crisis can cause rapid respiratory failure.
- Tensilon/edrophonium concept: improvement supports MG.

GUILLAIN-BARRE

Ground to brain: ascending weakness.

- Often follows viral/bacterial illness.
- Weakness starts in legs and moves upward.
- May progress to flaccid paralysis and respiratory failure.
- Loss of gag reflex/dysphagia may appear.
- Lumbar puncture/CSF testing is the classic special test.

GATHER FOR BOTH

- Spontaneous tidal volume.
- Vital capacity.
- MIP/NIF.
- Respiratory rate and work of breathing.
- ABG if ventilation/oxygenation is worsening.
- Breath sounds and secretion clearance.

TREATMENT FOR BOTH

- Oxygen for hypoxemia.
- Airway clearance and lung expansion as needed.
- Intubation/mechanical ventilation when respiratory muscle failure develops.
- Closely trend VC, VT, and MIP/NIF.

DIFFERENTIATE FAST

- MG: ptosis + descending weakness + anticholinesterase therapy.
- GBS: recent infection + ascending weakness + plasmapheresis/immune therapy concepts.
- Both can kill through ventilatory failure.

EXHALE MEMORY LINE

MG drops down from the eyes. GBS climbs up from the ground. Monitor VC/MIP/VT.