Ingested Foreign Body (FB) Management

Pediatric patient with history and/or physical concerning for ingested FB[a]

Obtain AP/lateral CXR and AP abdomen X-ray[b]

Coin/Blunt Object

Esophageal[c]

NPO

Consult Pediatric Surgery for endoscopic removal

Gastric

Symptomatic

NPO

Consult Pediatric GI

Asymptomatic

Discharge

PMD f/u as needed

ED return precautions for vomiting, abdominal pain, distension, fever, rectal bleeding

Intestinal

Symptomatic

NPO

Consult Pediatric Surgery

Sharp Object

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Button Battery

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Magnet(s)

Page 4

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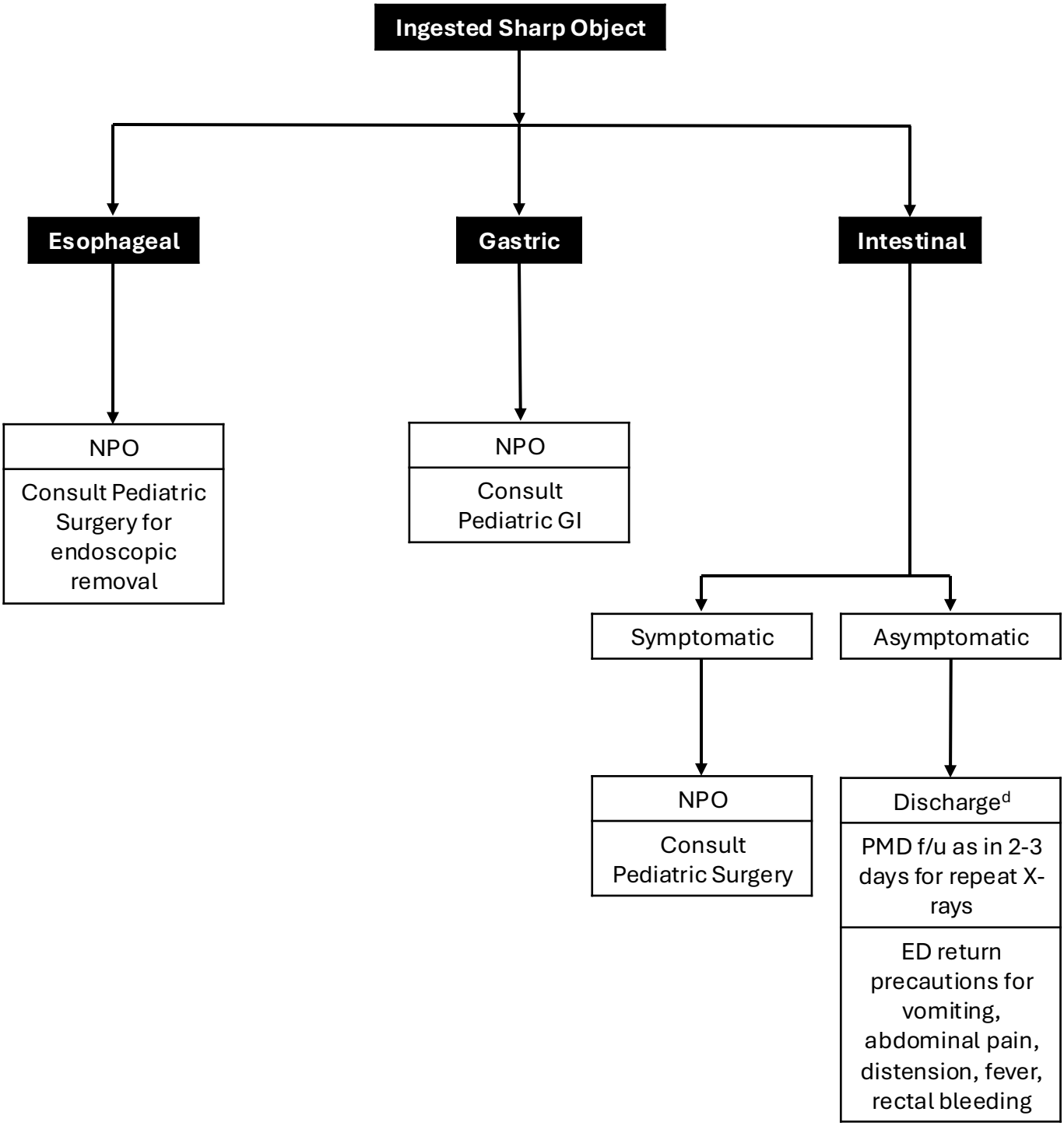

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Ingested Button Battery[e]

Active upper GI bleeding and/or hemodynamic instability[f]

Yes

- NPO
- Obtain IV access, CBC, PT/PTT, Type & Cross
- 20 ml/kg NS bolus
- Consult Pediatric Surgery (Pediatric Surgery will coordinate OR management with Vascular surgery)

No

Esophageal

- NPO
- Consult Pediatric Surgery for endoscopic removal
- Administer 50-150ml of honey or 0.25% acetic acid PO

Gastric

- NPO
- Consult Pediatric GI (removal recommended within 24 hours)

Intestinal

Symptomatic

- NPO
- Consult Pediatric Surgery

Asymptomatic

- Discharge
- PMD f/u as in 2-3 days for repeat X-rays
- ED return precautions for vomiting, abdominal pain, distension, fever, rectal bleeding

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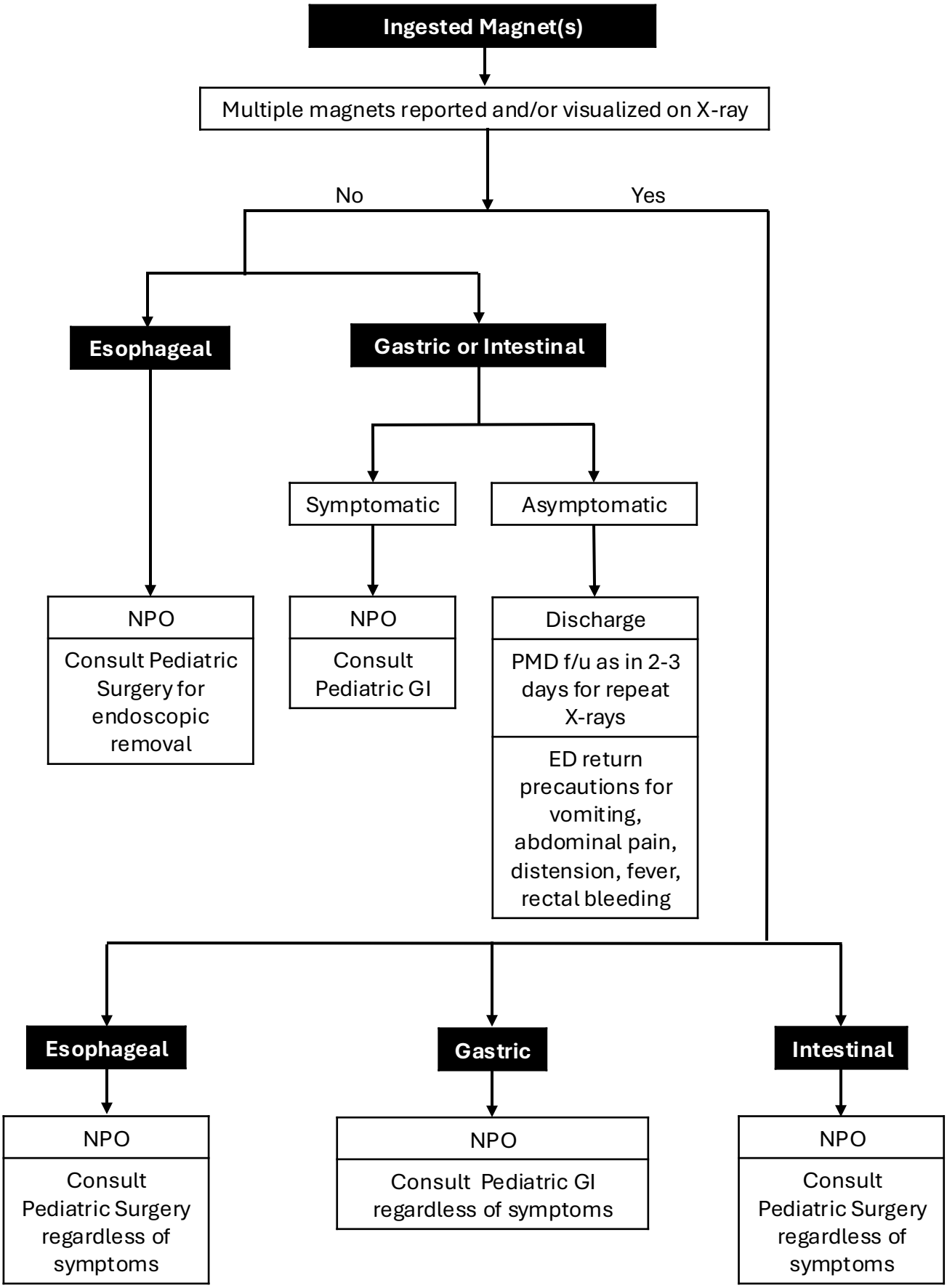

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Footnotes:

a. Patients may be asymptomatic. Common presenting symptoms include respiratory distress, dysphagia, chest pain, drooling.[1]
b. X-rays are recommended as the initial imaging modality of choice, including when the FB is believed to be radiolucent because X-rays can sometimes show indirect evidence of FBs (i.e. air fluid levels, free air).[2] Consult Pediatric Surgery if concern for symptomatic radiolucent FBs not well visualized on X-ray.
c. This recommendation includes esophageal food boluses.
d. Consider consulting Pediatric Surgery for large, sharp FBs (especially if length ≥ 3 cm and/or width ≥ 2 cm) and/or if concern for lack of access to follow up.
e. Examine X-rays carefully for evidence of button batteries, including "double halo sign" on AP views and "step-off sign" on lateral views.[2]
f. Patient transfers from outside hospitals with active upper GI bleeding and/or hemodynamic instability due to ingested FBs should be accepted by the Pediatric Surgery attending on call.

References:

1. Powers K, et al. Pediatric Esophageal Foreign Bodies and Caustic Ingestions. Otolaryngol Clin N Am. 2024.
2. Kramer R, et al. Management of Ingested Foreign Bodies in Children. J of Ped GI and Nutrition. 2015.
3. Children's Hospital of Philadelphia Emergency Department Clinical Pathway for Evaluation/Treatment of Children with Foreign Body Ingestion, 2024.