Ingested foreign body – Emergency management in children – Flowchart

Child presents to ED with suspected foreign body (FB) ingestion (based on history and/or symptoms)

Assessment (history and examination)
Aim to identify size, shape and nature of FB and time of ingestion. Keep child nil by mouth. Assess all children at risk in missing button battery incident.

- Button battery ingestion excluded
- No signs of airway or GI obstruction or perforation

X-ray required? (Box A)

- X-rays: neck, chest and abdomen
- +/- lateral X-rays (to identify >1 magnet)

Period of observation

- Close observation
- Repeat X-ray within 24 hours only required for oesophageal body (consider inpatient admission)

Symptoms?

- Inspiratory stridor, cough or wheeze
- Inability to swallow secretions

Specialist advice required? (Box B)

- Managed airway as required
- Consider seeking senior assistance available onsite (such as critical care, ENT, anaesthetics) as per local practice

Button battery in oesophagus?

- Button battery in stomach or intestine.
- Emergency endoscopy required if:
  - Symptomatic or
  - Battery >15 mm in child aged <6 years

Time-critical endoscopy required
If <12 hours post-ingestion & child aged >1 year give 10 mL honey every 10 mins (max 6 doses) as first aid while awaiting theatre. Otherwise nil by mouth.

Discharge with advice

- Consider discharge with advice +/- early review as indicated
- Seek advice as indicated
- Prompt referral to Paeds Gastro
- Urgent referral to ENT
- Urgent referral to Paeds Surgery

Box A: Consider not proceeding with X-rays if child meets ALL of the following:
- Asymptomatic
- Normal clinical examination
- Certain history of ingesting object that is ALL of:
  - <2 cm in diameter and <6 cm long
  - Not sharp or pointed
  - Not a magnet or battery
  - Not expandable
  - Non-toxic
- Able to eat and drink
- No known GI abnormalities

Seek urgent advice via Retrieval Services Queensland (RSQ) on 1300 799 127 if not onsite
Seek prompt advice via onsite/local specialist service
Seek advice if any of:
- Symptomatic or
- >24 hours post-ingestion of oesophageal FB
- Gastrointestinal abnormalities

Box B: Specialist advice recommendations

<table>
<thead>
<tr>
<th>Ingested object</th>
<th>Location of foreign body and relevant specialist</th>
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</thead>
<tbody>
<tr>
<td>Button battery</td>
<td>Oesophagus – ENT</td>
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<tr>
<td>Multiple magnets or single magnet and metallic object</td>
<td></td>
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<tr>
<td>Sharp or pointed objects</td>
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<tr>
<td>Lead-containing or other toxic objects**</td>
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<tr>
<td>Expandable (superabsorbent polymer)</td>
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<tr>
<td>Single magnet</td>
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<tr>
<td>Food bolus</td>
<td>N/A</td>
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<tr>
<td>None of the above but &gt;2 cm in diameter and/or &gt;6 cm in length</td>
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<tr>
<td>None of the above</td>
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</tbody>
</table>

* Will refer to Paediatric Surgery if needed
** Seek toxicologist advice via Poisons Information Line (Ph: 13 11 26) if unsure

For more information view CHQ-GDL-60019 – Ingested foreign body – Emergency guideline