Child presents to ED with suspected foreign body inhalation based on history and/or symptoms

**Stable**

**Assessment (history and examination)**
(include specific questioning re choking episode, aim to identify size, shape and nature of foreign body)
Keep child nil by mouth

AP chest X-ray
+/- lateral (if needed to locate proximal foreign body)  
+/- expiratory film  
+/- chest decubitis films

Chest X-ray normal?

Yes

Symptomatic or abnormal physical examination?

Yes

- Nurse child in position of comfort
- Avoid potential distress to child
- +/- cardiorespiratory monitoring
- +/- oxygen
- Apply topical amethocaine (for IVC)

No

Symptomatic?

Yes

Consider discharge with advice (Box A)

No

Prompt referral to ENT

**Unstable**

ANY of the following:
- suspect upper airway obstruction or perforation  
- suspect button battery inhalation  
- respiratory distress  
- stridor  
- abnormal vital signs

- Manage airway as required
- Anticipate difficult airway
- Call for senior assistance onsite (such as critical care, ENT, anaesthetics) as per local practice

Urgent referral to ENT

**Box A: Discharge advice**
Caregivers should be advised to seek medical attention and inform the doctor of a previous choking episode should the following symptoms develop within a month:
- persistent cough  
- fever  
- noisy, fast or difficulty breathing

Consider seeking senior emergency/ paediatric advice as per local practices  
Seek prompt advice via onsite/local ENT service  
Seek urgent advice via Retrieval Services Queensland (RSQ) on 1300 799 127 if no onsite service