Ingested foreign bodies are a common occurrence in pediatrics, and they present a clinical challenge to both the primary care provider and pediatric specialists. Intervention type and timing depend on the age of the child and type of ingested object.

**ASSESSMENT**

Perform history and physical exam (HPE) focused on the object swallowed, including timing and whether it was witnessed. Decide next steps (referral to Cincinnati Children’s Emergency for imaging with or without surgery versus watchful waiting) based on ingested object and symptoms. Note: an ingested object may be found unexpectedly upon imaging—because time of ingestion is unknown in this case, treat with caution.

**Common Symptoms**
- Difficulty breathing
- Noisy breathing
- Pain
- Drooling
- Acting fussy
- Refusing oral intake
- Asymptomatic, but ingestion witnessed

**HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS**

Presence of ANY of the red flags below should be referred to Cincinnati Children’s Emergency with a phone referral:
- Difficulty breathing
- Inability to tolerate secretions/drooling
- Blood in any vomit or stool
- Any witnessed ingestion of: magnet, button battery, sharp object or caustic ingestion
- Fever
- Severe chest or abdominal pain
- Any history of esophageal anomalies or esophageal surgeries should increase concern/suspicion for risk of impaction.

Once symptoms are noted, ensure family does not give the child anything to eat or drink.

**MANAGEMENT/TREATMENT**

- **Magnets**—may be observed if single, asymptomatic and/or beyond the stomach
- **Coins**—may be observed if past the thoracic inlet and child is asymptomatic
- **Intestinal foreign bodies**—if asymptomatic, observe through serial imaging

**WHEN TO REFER**

Refer to Cincinnati Children’s Emergency for management/treatment. Emergency physicians will confer with specialists to make decisions about urgent removal or elective removal:

- **Urgent removal**
  - Button batteries—True emergencies that should be referred immediately to Cincinnati Children’s Burnet Campus Emergency. As available, give patients over 12 months honey: 10 mL (2 teaspoons) by mouth every 10 minutes, up to 6 doses.
  - Multiple magnets
  - Rare earth magnets (magnetic desk sculptures) High potential for morbidity
  - Single magnet and a metallic object
  - Coins—Those that don’t pass the thoracic inlet or are causing symptoms/worsening pain
  - Objects >25mm (including coins)—May not pass the pylorus and must be retrieved.
  - Long, thin objects—Should be retrieved to avoid possible trapping in the duodenal sweep.
  - Intestinal foreign bodies—If symptoms or concerns arise

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children’s.
## Ingested Foreign Bodies

### Patient Presents

- **Standard Workup**
  - Situational History
  - Family History
  - Physical Exam

- **Common Symptoms**
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  - Noisy breathing
  - Pain
  - Drooling
  - Acting fussy
  - Refusing oral intake
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  - Blood in any vomit or stool
  - Fever
  - Any witnessed ingestion of: magnet, button battery, sharp object or caustic ingestion
  - Severe chest or abdominal pain

- **Once symptoms are noted, instruct family not to give child anything to eat or drink**

- **Assessed as outpatient with imaging (note not all foreign bodies are radio-opaque)**

  - **Magnets** — may be observed if single, asymptomatic and/or beyond the stomach
  - **Coins** — may be observed if past the thoracic inlet and child is asymptomatic
  - **Intestinal foreign bodies** — if asymptomatic, observe through serial imaging

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For urgent issues, or to speak with the pediatric surgeon on call 24/7, call the Physician Priority Link® at 1-888-987-7997.