

Ingested Foreign Bodies

FAST FACTS

100,000+

foreign body ingestions occur in children in the US

75%

occur in children < 5 years old

80–90%

of objects that can reach the stomach will make it through the rest of the GI tract

2/3

of ingested foreign bodies are in children <5 years old, are accidental and include common household objects

If you have clinical questions about a patient who has ingested a foreign body, call 513-636-4010, or contact pediatric surgery, otolaryngology or gastroenterology via the Physician Priority Link at 513-636-7997 or 1-888-987-7997.

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
- Drooling
- Asymptomatic, but ingestion witnessed
- Noisy breathing
- Acting fussy
- Refusing oral intake
- Pain

HPE RED FLAGS

Presence of ANY of the red flags below should be referred to Cincinnati Children's Emergency with a phone referral:

- Difficulty breathing
- Fever
- Inability to tolerate secretions/drooling
- Severe chest or abdominal pain
- Blood in any vomit or stool
- Any history of esophageal anomalies or esophageal surgeries should increase concern/suspicion for risk of impaction.
- Any witnessed ingestion of: magnet, button battery, sharp object or caustic ingestion

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.

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Patient Presents

Standard Workup

- Situational History
- Family History
- Physical Exam

Common Symptoms

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- Noisy breathing
- Pain
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- Asymptomatic, but ingestion witnessed

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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)

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