Suspected Foreign Body Ingestion

Moderate/Severe Distress?

Yes → Immediate provider evaluation

No → Button Battery or Magnet Suspected?

Yes → Notify ED Attending physician. STAT AP and lateral chest, neck and abdomen.

No → Triage imaging: AP and lateral chest, neck and abdomen

ED Attending/Radiologist promptly reviews radiograph

Is the foreign body a button battery or magnet?

Yes → Button Battery Ingestion:
- If button battery in esophagus, immediate Bravo activation.
- If button battery in stomach or beyond, contact GI for possible removal or to arrange follow-up with the GI service. (In general for <5yr of age AND > 20 mm consider endoscopic removal).
- If concern for esophageal injury, consult pediatric surgery for admission. Consider CT Angiography.

No → Provider assessment

Sharps objects:
- If in the esophagus, immediately consult pediatric surgery.
- If in the stomach with symptoms or > 3cm, contact GI.
- If in the stomach with no symptoms, discharge with close follow-up with PCP and radiograph in 48 hrs.

Coins and blunt objects:
- If in the esophagus, consult pediatric surgery.
- If in the stomach and symptomatic, consult GI.
- If in the stomach with no symptoms, discharge with close follow-up with PCP and radiograph in 2 weeks if foreign body not seen in the stool.

Non radio-opaque objects:
- If the patient is symptomatic with clear history (food bolus), consult pediatric surgery.
- If history or symptoms are nebulous for foreign body with negative radiograph, consider CT of chest without contrast.

Magnets:
- If in esophagus, consult pediatric surgery.
- If in stomach or beyond, consult GI for admission with surgery consulting as an inpatient.

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