Investigation of an Oesophageal/GI Foreign Body

Staff relevant to: All Paediatric and Adult nurses and Doctors
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DO NOT USE THIS GUIDELINE IF

1) If patient is Distressed or showing signs of Airway Obstruction
   - Move to RESUSCITATION facility immediately
   - Call the following specialists
     - ED Consultant or Registrar
     - Anaesthetic SR or Consultant
     - ENT Registrar or Consultant

2) If the patient has swallowed a confirmed Battery or Magnet on X-ray discuss with an ED ST4 or above and refer to the Battery SOP
History suggestive of ingested FB

Symptomatic (may include persistent vomiting / coughing / drooling / dysphagia / pain / haematemesis) and/or FB >5cm or sharp or battery or magnet

Asymptomatic, eating and drinking ok and not >5cm or sharp or a battery or magnet

Preverbal / Learning Difficulties and/or FB likely to be radio-opaque or can’t predict

Verbal / no learning difficulties AND witnessed non radio opaque FB

If FB likely to be radio opaque (or can’t predict)

AP CXR (to include neck and upper abdomen)
AXR (if not seen on initial CXR)
Lateral neck/thoracic inlet (if FB present and small enough to be in the airway)
(if battery or magnet seen discuss with ST4 or above and follow battery SOP)

Radio opaque FB >5cm or sharp

Refer to Paediatric surgeon

Above diaphragm

Upper 1/3 Oesophagus

Refer to Paediatric surgeons for Endoscopy

Below stomach - discuss with the paediatric surgeons

Below stomach - Allow home if now asymptomatic, return to ED if further symptoms develop

Lower or middle 1/3 Oesophagus

Refer to Paediatric surgeons for Endoscopy

Radio-opaque foreign body not >5cm or sharp

Below diaphragm

Above diaphragm

Upper 1/3 Oesophagus

Not Seen

Refer to Paediatric Surgeon

Below diaphragm

Middle / Lower 1/3 Oesophagus

Refer to Paediatric surgeons for Endoscopy

Above diaphragm

Upper 1/3 Oesophagus

Allow home if now assymptomatic, return to ED if further symptoms develop

Below diaphragm

Middle/lower 1/3 Oesophagus

Home, return for a further X-ray in ED within 16 hours from the time of ingestion

Not Seen

Refer to Paediatric Surgeon

Reassure & discharge. Return if other symptoms occur

Refer to ENT

Refer to Paediatric surgeon

Below Diaphragm
References

Royal College of Radiologists guidance on potential ingested foreign bodies