

Initial ED Triage & Management

Upon arrival to ED, leave NPO except sucralfate/honey

Utilize ED quick list, "Foreign Body Ingestion/Aspiration Series"

- Order 2-view CXR, KUB (consider neck/soft tissue based on hx)
- If <12hr from ingestion and stable/able to swallow, order Honey (obtain from food services)/sucralfate (obtained from pharmacy)
 - o <1yo: sucralfate (1g/10mL) 10mL q10 min x3 doses
 - o >1yo: honey 10mL q10 min x6 doses

If high clinical suspicion, give honey or sucralfate before imaging

ED team to notify peds surgery, peds GI, and peds anesthesia (E1/PSO) of patient's arrival, determine:

- Is additional imaging needed (i.e., CT, esophagram)?
- Is there a need to consult other services (i.e., CT surgery if concerns for involvement of major vessels, ENT)?
- Location for removal (i.e., OR vs cath lab), primary interventionalist, and back-up
- Antibiotics are not routinely indicated ([See Antibiotics Guidelines](#))
- Is PICU or CICU admission* indicated?

- Obtain additional imaging
- Notify PICU/CICU/acute care and nursing supervisor of anticipated destination after removal

OR for retrieval

*Consider ICU admission if concerned for extensive esophageal/airway injury, anticipated need for ventilation, evidence of septic shock. Consider CICU if major vessels involvement or concern for aorto-esophageal fistula. Acute care admission can be considered if no esophageal damage identified, and surgical/GI/anesthesia team is satisfied with q4 hours vitals, monitoring, and cares.

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Pre-Op
Check List