

**QUICK REFERENCE FOR
HEALTHCARE PROVIDERS**

**MANAGEMENT OF FOREIGN
BODY INGESTION IN
CHILDREN**



Ministry of Health
Malaysia



Malaysian Association of
Paediatric Surgery



Academy of Medicine
Malaysia

KEY MESSAGES

1. Foreign body ingestion is defined as the swallowing of non-food objects that enter the gastrointestinal tract, specifically coins/blunt objects, button batteries, sharp objects, magnets, and superabsorbent polymers.
2. Triage should be performed in all children with suspected foreign body ingestion.
3. Plain X-ray should be the first-line imaging modality for most foreign body ingestion in children, while ultrasound, gastrointestinal contrast studies, Computed Tomography (CT), or Magnetic Resonance Imaging (MRI) should be reserved for radiolucent sharp objects or suspected complications.
4. Endoscopic removal should be done for all foreign body ingestion in children lodged in oesophagus, regardless of symptoms.
5. A button battery lodged in the oesophagus should be removed within two hours to prevent catastrophic tissue injury.
6. A button battery located in the stomach should be removed within 24 hours in asymptomatic children <5 years or when the diameter measures ≥ 20 mm.
7. For asymptomatic children aged ≥ 5 years who have swallowed a button battery <20 mm that has passed into the stomach, abdominal X-ray should be repeated at 10 - 14 days, and the battery should be removed if it remains in situ.
8. Endoscopic removal should be done for all sharp foreign bodies in the stomach, however those who are asymptomatic, spontaneous passage may be allowed. Asymptomatic patients with sharp objects ingestion beyond the duodenum requires repeat abdominal X-ray after 3 - 5 days and removal if there is no progression.
9. Surgical intervention is indicated when foreign body ingestion results in complications, failure of conservative management or endoscopic removal, or in symptomatic patients with foreign bodies lodged beyond the duodenum.
10. A child with foreign body ingestion may be safe for discharge when the child is well, pain-free, not in respiratory distress, able to tolerate oral intake, has ingested a low-risk object, and has reliable follow-up, including radiographic surveillance where required.

This Quick Reference provides key messages & a summary of the main recommendations in the Clinical Practice Guidelines (CPG) Management of Foreign Body Ingestion in Children.

Details of the evidence supporting these recommendations can be found in the above CPG, available on the following websites:

Ministry of Health Malaysia: www.moh.gov.my

Academy of Medicine Malaysia: www.acadmed.org.my

Malaysian Association of Pediatric Surgery: www.maps-malaysia.org

CLINICAL PRACTICE GUIDELINES SECRETARIAT

Malaysian Health Technology Assessment Section (MaHTAS)

Medical Development Division, Ministry of Health Malaysia

Level 4, Block E1, Presint 1,

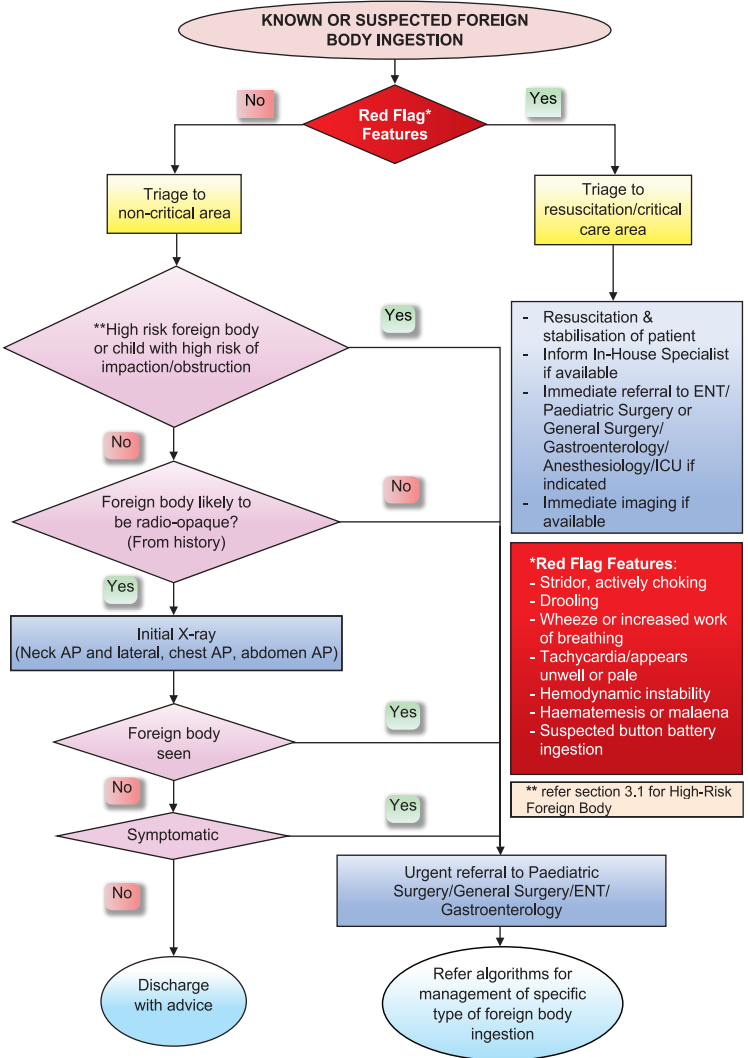
Federal Government Administrative Centre 62590

Putrajaya, Malaysia

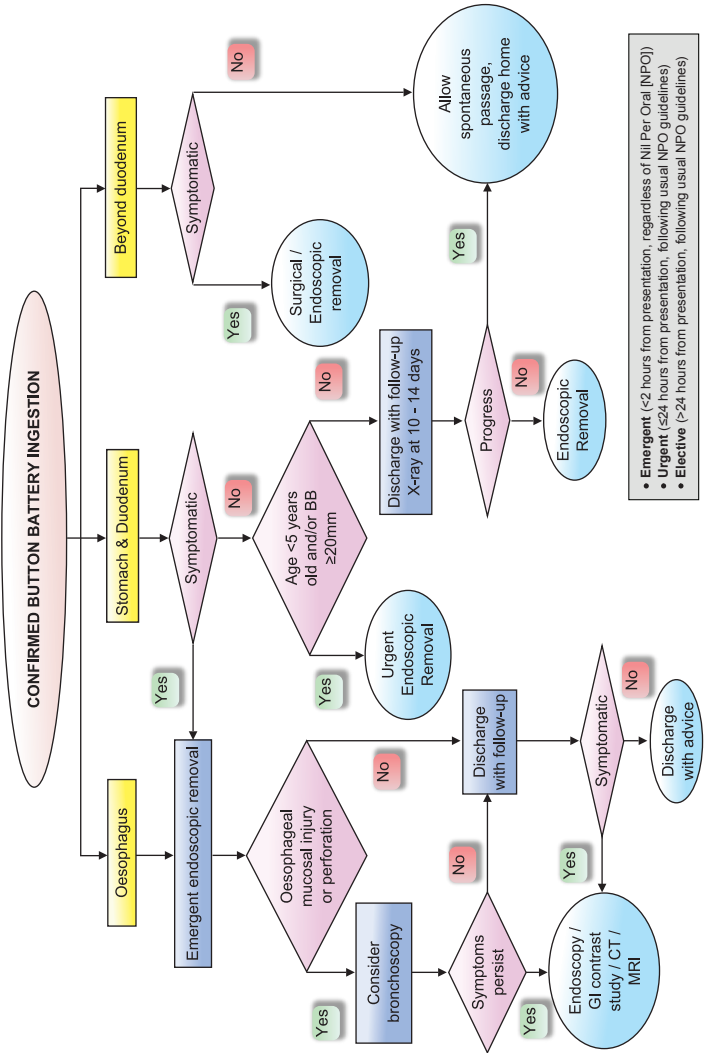
Tel: 603-88831229

E-mail: htamalaysia@moh.gov.my

ALGORITHM 1: INITIAL MANAGEMENT OF FOREIGN BODY INGESTION IN CHILDREN

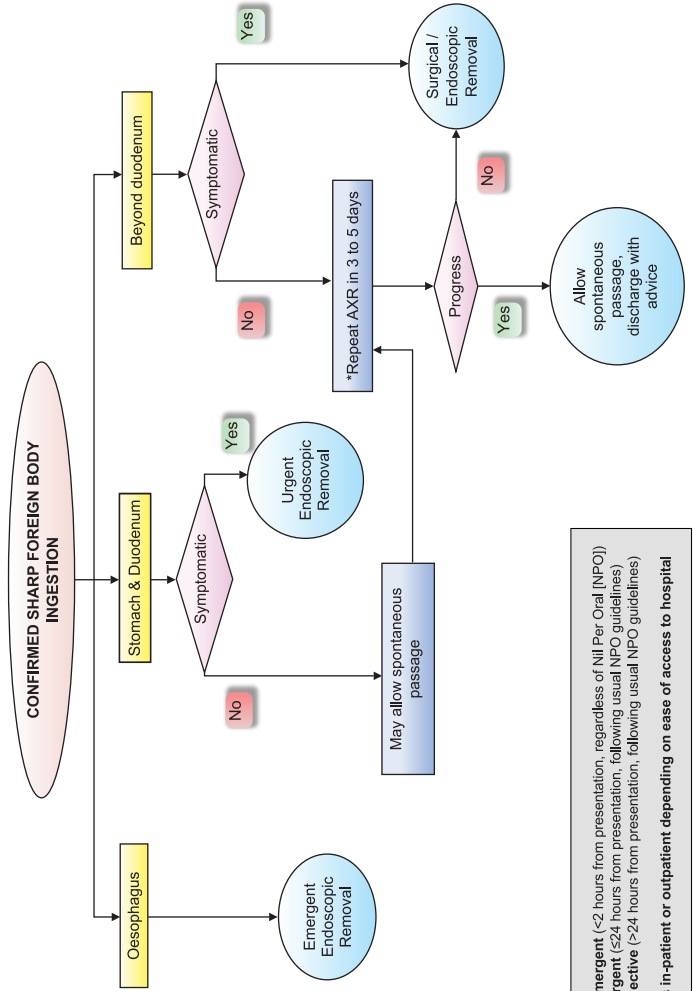


ALGORITHM 2: MANAGEMENT OF BUTTON BATTERY INGESTION IN CHILDREN



- Emergent (<2 hours from presentation, regardless of Nil Per Oral (NPO))
- Urgent (≤24 hours from presentation, following usual NPO guidelines)
- Elective (>24 hours from presentation, following usual NPO guidelines)

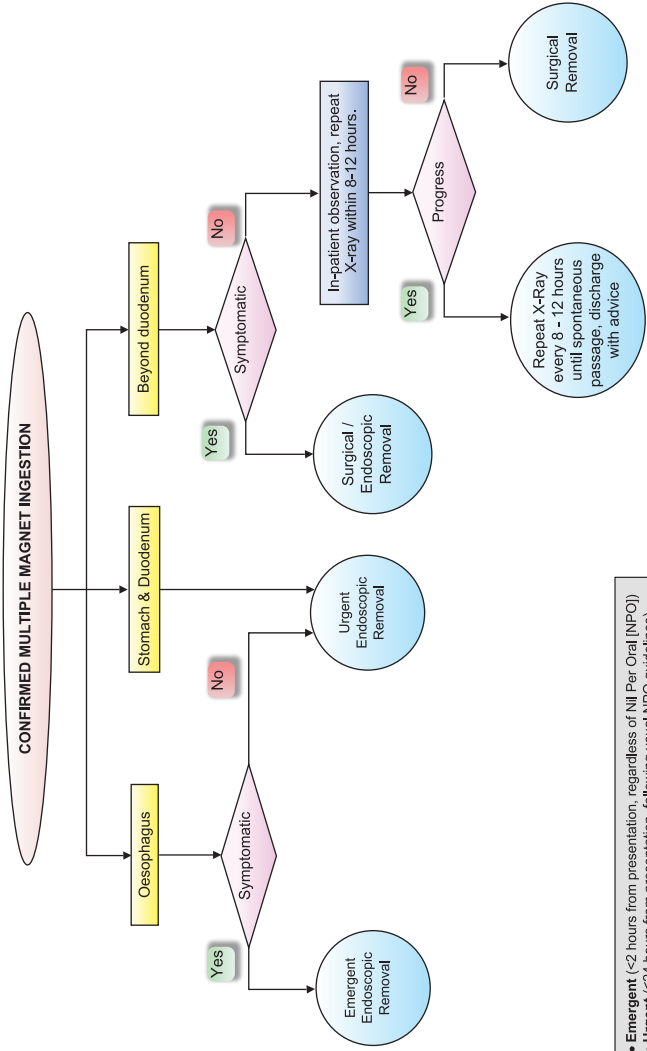
ALGORITHM 3: MANAGEMENT OF SHARP FOREIGN BODY INGESTION IN CHILDREN



- **Emergent** (<2 hours from presentation, regardless of Nil Per Oral [NPO])
- **Urgent** (≤24 hours from presentation, following usual NPO guidelines)
- **Elective** (>24 hours from presentation, following usual NPO guidelines)

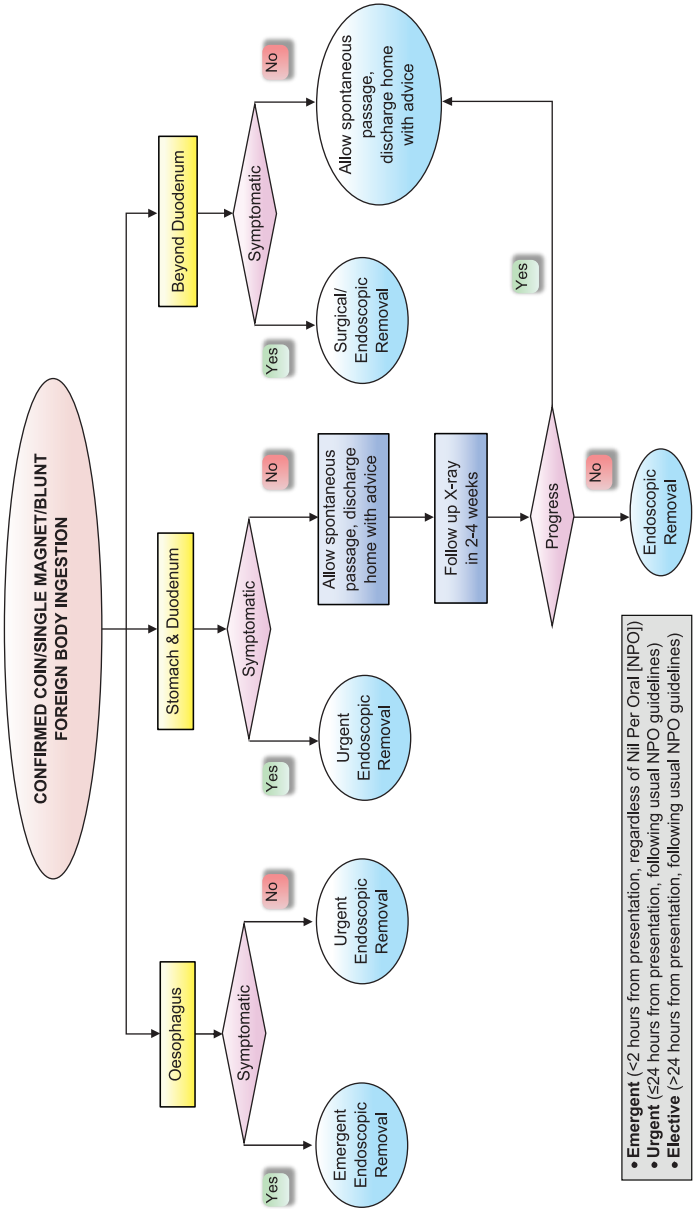
*As in-patient or outpatient depending on ease of access to hospital

ALGORITHM 4: MANAGEMENT OF MULTIPLE MAGNET INGESTION IN CHILDREN



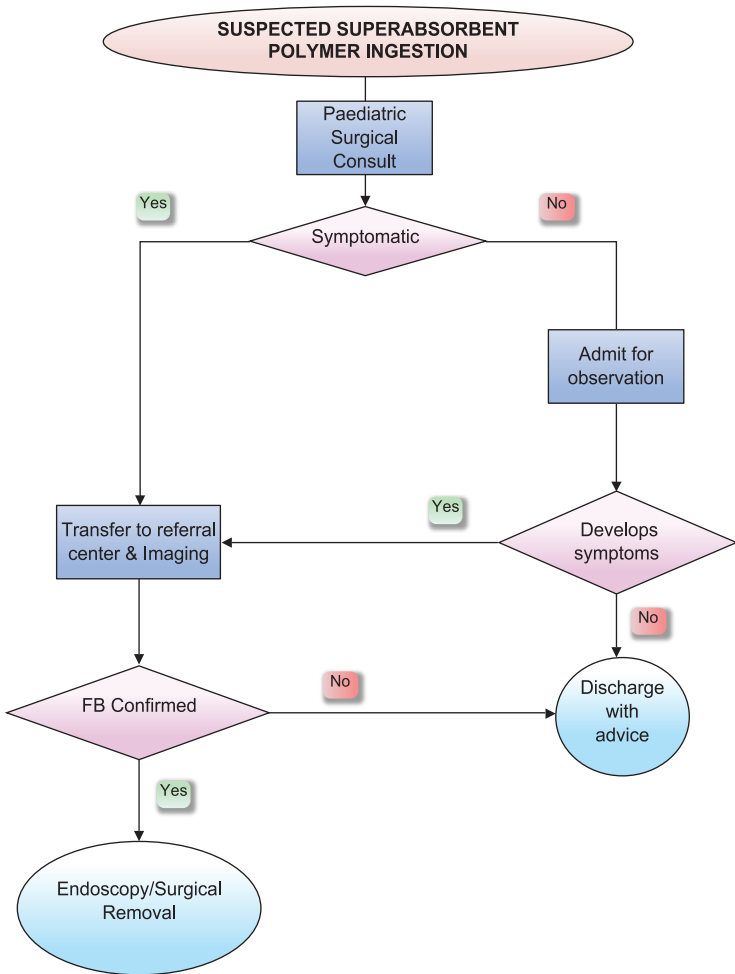
- **Emergent** (<2 hours from presentation, regardless of Nil Per Oral [NPO])
- **Urgent** (≤24 hours from presentation, following usual NPO guidelines)
- **Elective** (>24 hours from presentation, following usual NPO guidelines)

ALGORITHM 5: MANAGEMENT OF COIN/CYLINDRICAL BATTERY/SINGLE MAGNET/BLUNT FOREIGN BODY INGESTION IN CHILDREN



- **Emergent** (<2 hours from presentation, regardless of Nil Per Oral [NPO])
- **Urgent** (≤24 hours from presentation, following usual NPO guidelines)
- **Elective** (>24 hours from presentation, following usual NPO guidelines)

ALGORITHM 6: MANAGEMENT OF SUPERABSORBENT POLYMER INGESTION IN CHILDREN



- **Emergent** (<2 hours from presentation, regardless of Nil Per Oral [NPO])
- **Urgent** (≤24 hours from presentation, following usual NPO guidelines)
- **Elective** (>24 hours from presentation, following usual NPO guidelines)