

Evaluation and Management of Coins and Rounded Foreign Bodies in the GI Tract Clinical Practice Guideline

SSMHealth Cardinal Glennon
Access Center Transfer Line
888-229-2424

[1. SSMHealth Cardinal Glennon CPG Home](#)

2. Resources

- a. Kramer RE, Lerner DG, Lin T, Manfredi M, Shah M, Stephen TC, Gibbons TE, Pall H, Sahn B, McOmber M, Zacur G, Friedlander J, Quiros AJ, Fishman DS, Mamula P. Management of Ingested Foreign Bodies in Children: A Clinical Report of the NASPGHAN Endoscopy Committee. *JPGN*. 2015;60(4):5262-574.
b. Long B, Gottlieb M. Is Glucagon Effective for Relieving Acute Esophageal Foreign Bodies and Food Impactions? *Ann Emerg Med*. 2020; 75(2):299-301.

Owners/Authors (Department)

Fernando Medina Carbonell, MD (Pediatric Gastroenterology)
Ajay Jain, MD, DNB, MHA (Gastroenterology)
Adrienne Childers, MD (Pediatric Otolaryngology)
Christopher Blewett, MD (Pediatric Surgery)

Approved by SSM Cardinal Glennon Clinical Practice Guidelines Committee
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Committee Chair: Andrew Ellis, MD (Andrew.Ellis@ssmhealth.com)

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INCLUSION CRITERIA

Any child < 18 years of age with known or suspected coin or rounded foreign body (excluding button battery) ingestion

EXCLUSION CRITERIA

- Other esophageal/GI tract foreign body
- Patients with multi-system trauma
- Foreign body in the airway or nasal passages

INITIAL EVALUATION

- Obtain routine vital signs
- Obtain physical exam and clinical history
- Obtain PA and Lateral chest X-ray and KUB

WHERE IS THE FOREIGN BODY LOCATED ON X-RAY?

AT OR ABOVE CLAVICLES

OFF GUIDELINE, CONSULT CG AIRWAY OBSTRUCTION- FOREIGN BODY CALL (listed in Amion)

ESOPHAGUS

- Arrange for transfer to Pediatric Facility with operative and endoscopic capabilities
- At Cardinal Glennon:
 - Consult Pediatric Surgery on ODD days
 - Consult Pediatric Gastroenterology (GI) on EVEN days

GASTRIC

- Consult Pediatric Gastroenterology (GI)

SMALL BOWEL

- Consult Pediatric Gastroenterology (GI)

DOES THE PATIENT HAVE ANY OF THE FOLLOWING SYMPTOMS?

- Drooling
- Severe dysphagia/chest pain
- Shortness of breath
- Wheezing
- Tachypnea
- Retractions or nasal flaring
- Cyanosis
- Hematemesis
- Hematochezia
- Persistent vomiting or signs of obstruction

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NO

YES

YES

NO

NO

YES

ENDOSCOPIC REMOVAL WITHIN 24 HOURS

- Glucagon is not indicated while awaiting endoscopic removal

URGENT ENDOSCOPIC REMOVAL

URGENT ENDOSCOPIC OR SURGICAL REMOVAL

IS THE OBJECT LESS THAN 5cm LONG AND LESS THAN 2cm WIDE?

NO

YES

CONTINUE ROUTINE CARE

- Discontinue stool straining
- Discontinue laxatives unless otherwise indicated
- Follow up as needed or indicated

Object passed in stool within 2-4 weeks?

YES

NO

REMOVE ENDOSCOPICALLY

- X-ray prior to removal to ensure coin is still present

NO ENDOSCOPY INDICATED, PERFORM CLINICAL OBSERVATION

- Consider straining stools
- Consider laxative administration
- Consider repeat x-ray in 2 weeks with PCP