

## Evaluation and Management of Sharp or Pointed Objects in the GI Tract Clinical Practice Guideline

### INCLUSION CRITERIA

- Any child < 18 years of age with known or suspected sharp object ingestion

### EXCLUSION CRITERIA

- Other esophageal/GI tract foreign body (see other available CPG's)
- 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

IS THE OBJECT RADIO-OPAQUE OR RADIO-LUCENT?

RADIO-LUCENT

RADIO-OPAQUE

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

YES

NO

URGENT ENDOSCOPIC REMOVAL

Consider further imaging (CT, ultrasound, MRI, or esophagram) based on history, patient, and GI evaluation  
 Note: Imaging may be performed at local facility prior to transfer, at the discretion of treating physician and GI

EVIDENCE OF FOREIGN BODY ON SELECTED IMAGING?

NO

YES

NO ENDOSCOPY INDICATED, PERFORM CLINICAL OBSERVATION  
 • Close follow-up  
 • Strict return precautions  
 • Re-assess if symptoms develop

ENDOSCOPIC REMOVAL

WHERE IS THE OBJECT LOCATED?

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

URGENT ENDOSCOPIC REMOVAL

GASTRIC or SMALL BOWEL PROXIMAL TO THE LIGAMENT OF TRIETZ

- 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

YES

NO

ENDOSCOPIC REMOVAL

IS THE OBJECT LESS THAN 3cm LONG AND LESS THAN 2cm WIDE?

YES

NO ENDOSCOPY INDICATED, PERFORM CLINICAL OBSERVATION  
 • Close follow-up  
 • Strict return precautions  
 • Re-assess if symptoms develop  
 • Serial imaging at GI discretion  
 • Consider enteroscopy or surgical removal if symptoms develop or > 3 days without passage

SMALL BOWEL DISTAL TO THE LIGAMENT OF TRIETZ

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

YES

NO

CONSULT PEDIATRIC SURGERY

CONSULT PEDIATRIC GASTROENTEROLOGY (GI)

- Consider serial x-ray
- Clinical observation
- Consider enteroscopy or surgical removal if symptoms develop or > 3 days without passage

**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, Pail 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.

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