

**Includes:** Any pediatric patient with a suspected airway FB.

**Excludes:** Patients with gastrointestinal foreign bodies, or those too unstable for imaging or transport.

## Diagnosis of Aspirated Foreign Bodies: Suspicion is Key

- Witnessed aspiration
- History of choking with
  - a. cough/wheeze OR
  - b. differential breath sounds OR
  - c. abnormal imaging (preferred: inspiratory and expiratory films)
    - i. unilateral hyperinflation
    - ii. atelectasis
    - iii. mediastinal shift
    - iv. Pneumonia
- Young child with suggestive symptoms without other explanation, especially if there are suspicious characteristics on imaging.

## Next Steps

If you suspect a foreign body:

- Make patient NPO
- Obtain inspiratory and expiratory CXR.
- Call **ENT on call** through Community Referral Center (406 327 4726). Pediatric pulmonary is available for those 21 years or younger as backup.
- May consider CT scan (can detect radiolucent foreign bodies), but this is less preferred because of radiation risk.

The tracheobronchial tree should be examined in all cases with a suspicion of foreign body aspiration using a rigid bronchoscopy (preferred) or flexible bronchoscopy (less preferred).