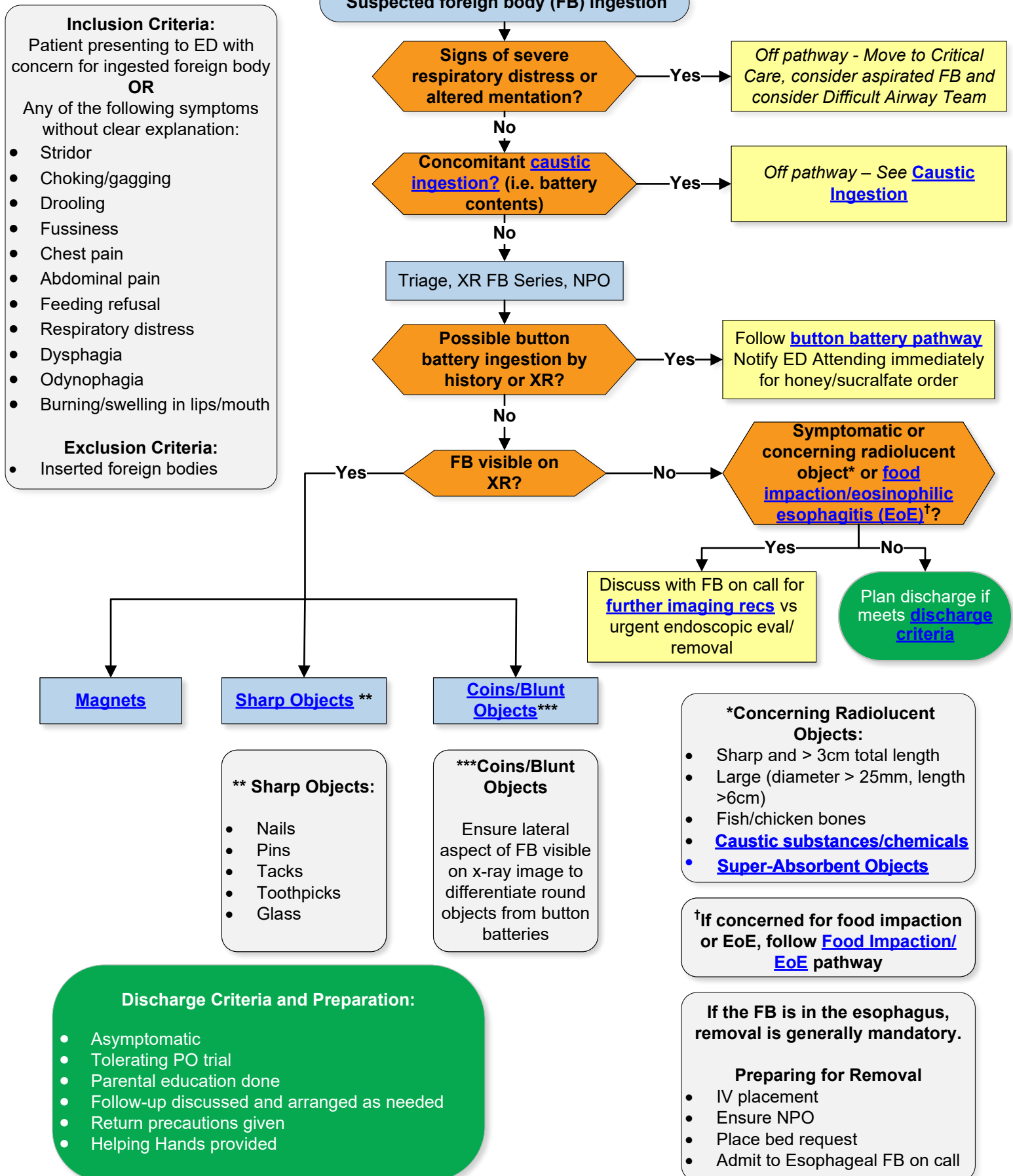




American College of Radiology Appropriateness Criteria

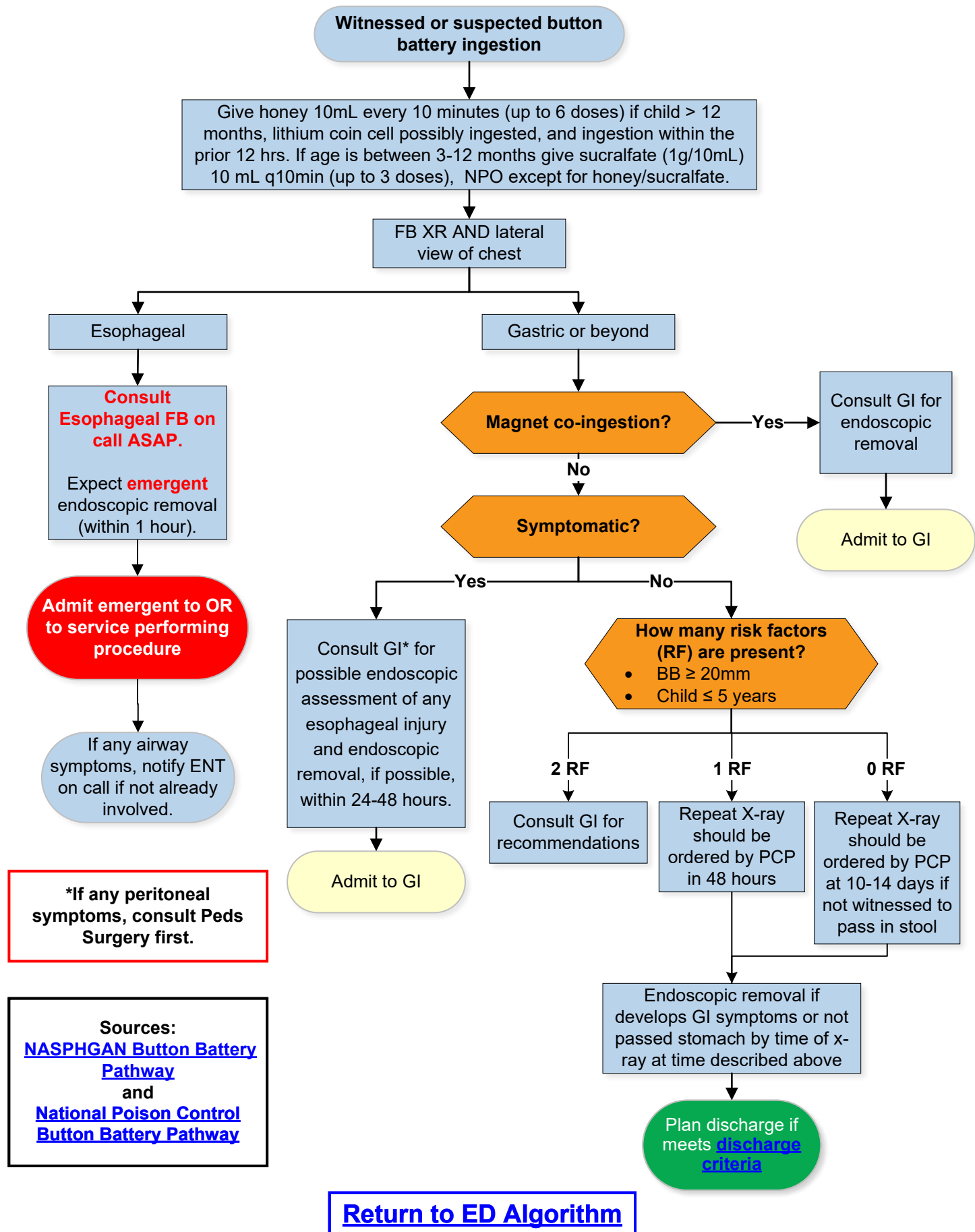
Variant: 1 Child. Suspect ingested or aspirated foreign body. Initial imaging.

Procedure	Appropriateness Category	Peds Relative Radiation Level
Radiography neck chest abdomen and pelvis	Usually Appropriate	☼☼☼
Radiography chest	Usually Appropriate	☼
Radiography neck	Usually Appropriate	☼☼
Radiography abdomen and pelvis	Usually Appropriate	☼☼☼
Fluoroscopy single contrast esophagram	May Be Appropriate	☼☼☼
CT chest without IV contrast	May Be Appropriate	☼☼☼☼
Radiography chest decubitus view	Usually Not Appropriate	☼
US abdomen	Usually Not Appropriate	○
Radiography abdomen	Usually Not Appropriate	☼☼
Fluoroscopy upper GI series	Usually Not Appropriate	☼☼☼
CT abdomen and pelvis with IV contrast	Usually Not Appropriate	☼☼☼☼
CT abdomen and pelvis without IV contrast	Usually Not Appropriate	☼☼☼☼
CT chest with IV contrast	Usually Not Appropriate	☼☼☼☼
CT chest without and with IV contrast	Usually Not Appropriate	☼☼☼☼
CT abdomen and pelvis without and with IV contrast	Usually Not Appropriate	☼☼☼☼☼☼
CT chest abdomen pelvis with IV contrast	Usually Not Appropriate	☼☼☼☼
CT chest abdomen pelvis without and with IV contrast	Usually Not Appropriate	☼☼☼☼☼☼
CT chest abdomen pelvis without IV contrast	Usually Not Appropriate	☼☼☼☼

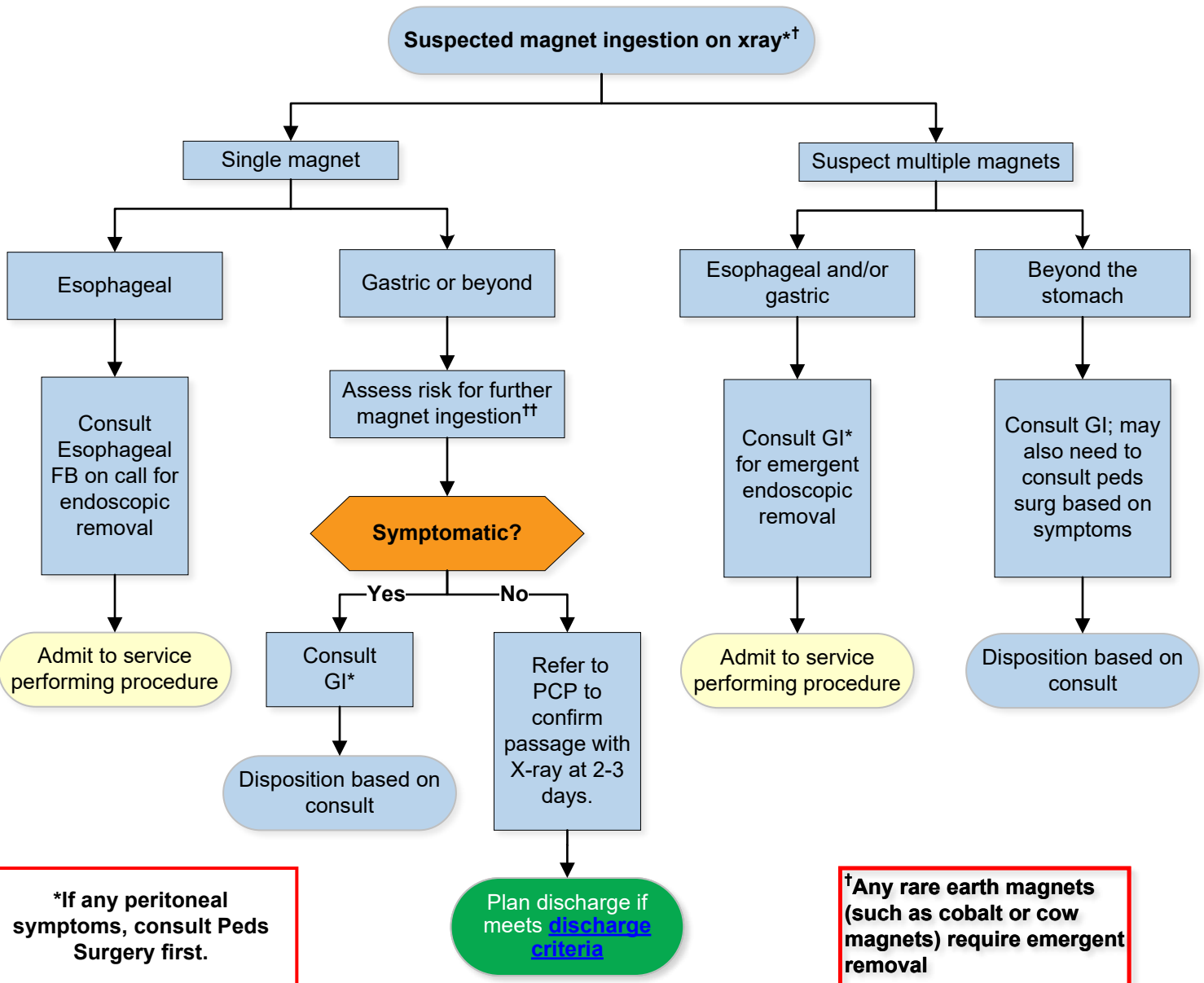
Variant: 2 Child. Suspect ingested foreign body. Initial radiographs negative. Next imaging study.

Procedure	Appropriateness Category	Peds Relative Radiation Level
CT chest without IV contrast	Usually Appropriate	☼☼☼☼
US abdomen	May Be Appropriate	○
Fluoroscopy single contrast esophagram	May Be Appropriate	☼☼☼
CT abdomen and pelvis with IV contrast	May Be Appropriate	☼☼☼☼
Fluoroscopy upper GI series	Usually Not Appropriate	☼☼☼
CT abdomen and pelvis without IV contrast	Usually Not Appropriate	☼☼☼☼
CT chest with IV contrast	Usually Not Appropriate	☼☼☼☼
CT chest without and with IV contrast	Usually Not Appropriate	☼☼☼☼
CT abdomen and pelvis without and with IV contrast	Usually Not Appropriate	☼☼☼☼☼☼
CT chest abdomen pelvis with IV contrast	Usually Not Appropriate	☼☼☼☼
CT chest abdomen pelvis without and with IV contrast	Usually Not Appropriate	☼☼☼☼☼☼
CT chest abdomen pelvis without IV contrast	Usually Not Appropriate	☼☼☼☼

Button Battery (BB) Ingestion



Magnet Ingestion

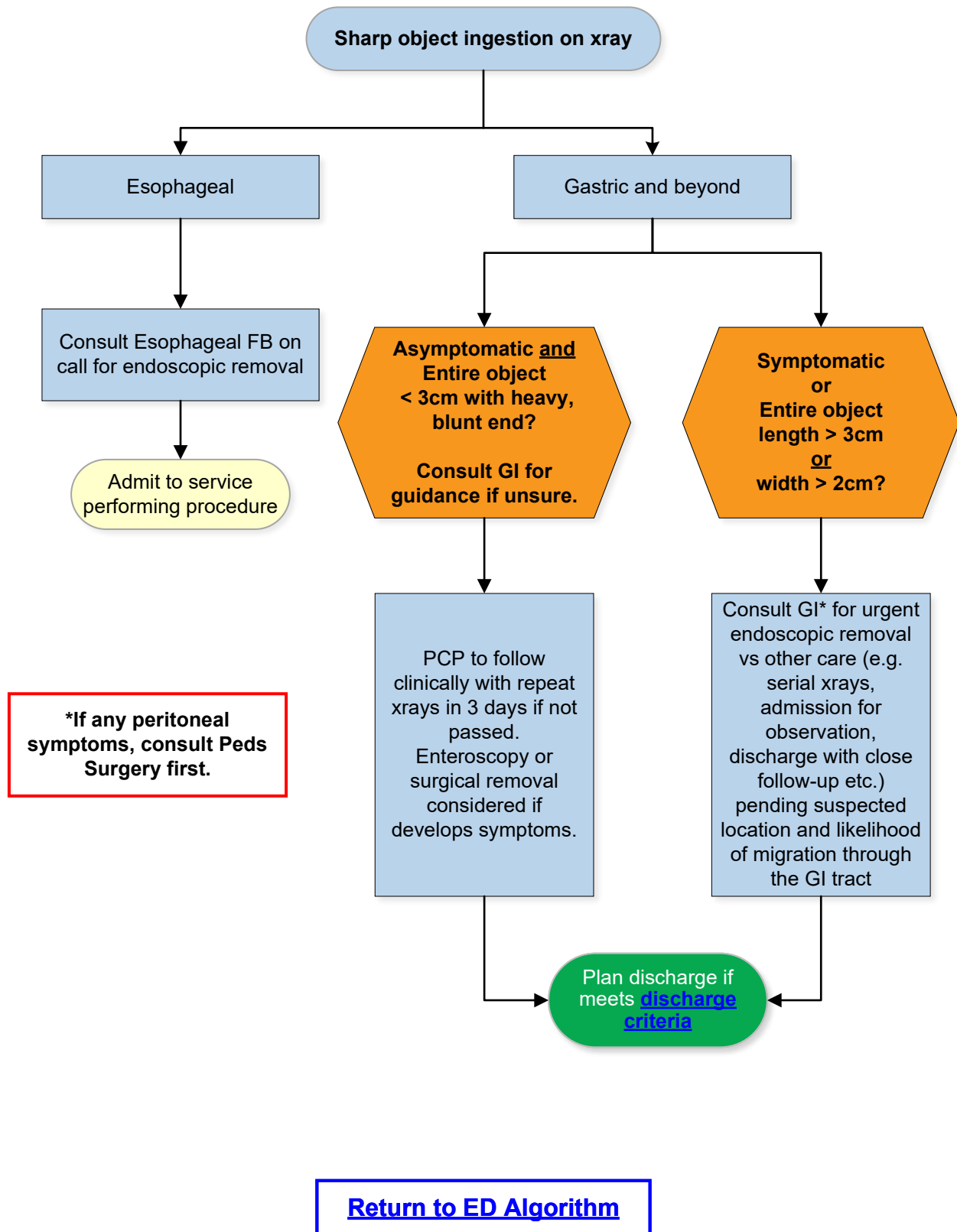


††Patients with increased risk for multiple magnet ingestion:

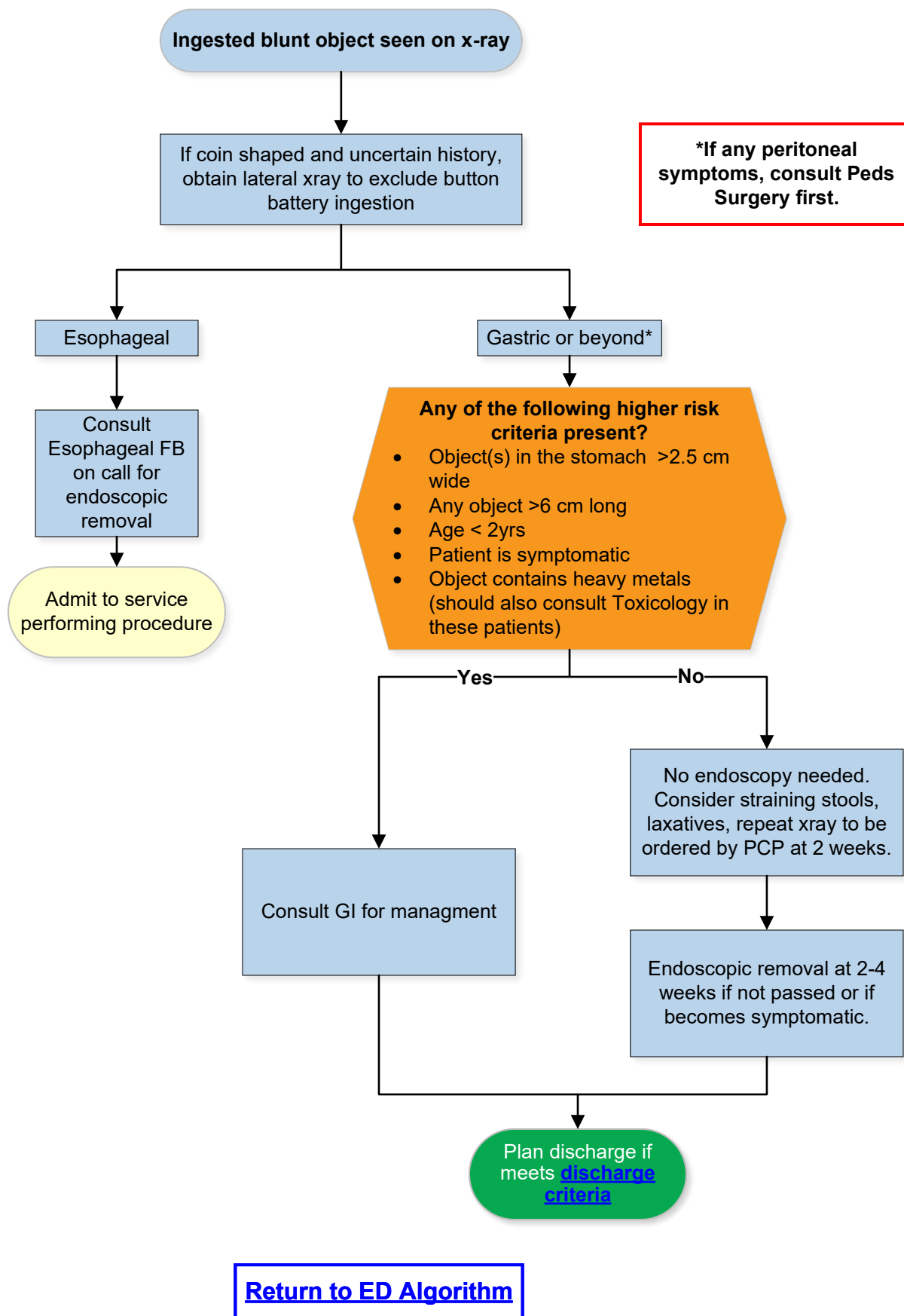
- Younger children/infants
- Developmental delay
- Abnormal GI anatomy
- Intentional ingestions
- History of esophageal disease, surgery or procedures

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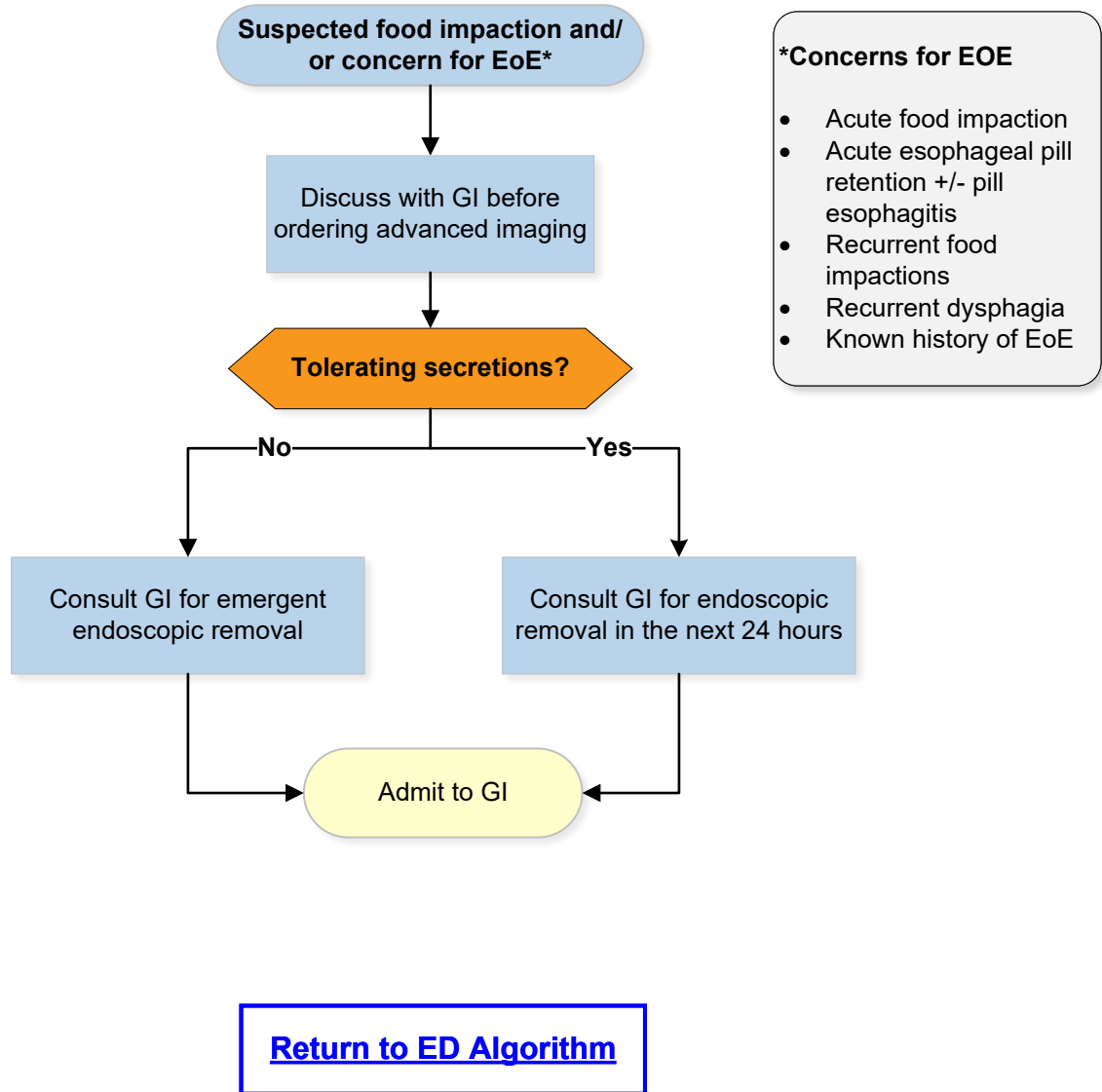
Sharp Object Ingestion



Coins & Other Blunt Object Ingestion



Food Impaction/Eosinophilic Esophagitis (EoE) Concerns



Caustic Ingestion

Caustic substances are chemicals that injure tissue on direct contact.

Alkalis (pH > 12)

- Examples:
 - Lye (found in drain/oven cleaners)
 - Bleach
 - Ammonium hydroxide (found in window cleaners, detergents)
 - Laundry detergent pods
 - Alkaline battery contents (i.e. disrupted/broken cylindrical battery)
- Contact Poison Center (1-800-222-1222)
- Call GI. Endoscopy may be required 12-24 hours after ingestion.

Acids (pH < 2)

- Examples:
 - Hydrochloric acid (found in toilet bowl and pool cleaners)
 - Sulfuric acid (found in industrial/automotive products)
 - Hydrofluoric acid (found in rust removers)
- Always require endoscopy; consult GI

Other agents

- Paint thinner
- Acetone
- Antifreeze
- Gasoline
- Hydrogen peroxide

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Super-Absorbent Object Ingestion

Substances that can absorb more than 30 times their weight in water, including:

- Water Balz/Orbeez and other super-absorbing toys
- Tampons
- Feminine pads

If asymptomatic, discuss with Central Ohio Poison Center.

If symptomatic, discuss with Peds GI* on call and prepare for possible endoscopic/laparoscopic retrieval.

Contrast studies are not recommended as they may delay and complicate removal.

***If any peritoneal symptoms, consult Peds Surgery first.**

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Discharge Criteria & Planning

Discharge Criteria

- Asymptomatic
- Tolerating PO trial
- Parental education done

Discharge Planning

- Follow-up provided
- Return precautions
 - symptoms of obstruction
 - recurrence of symptoms of ingested foreign body
 - inability to tolerate PO
 - vomiting
 - persistent abdominal pain
 - blood in stool
- **Helping Hands provided**
 - [I-315 Eosinophilic Esophagitis.pdf](#)
 - [IV-129 Button Battery Safety.pdf](#)
 - [IV-73 Home Safety fo...Infants and Toddlers.pdf](#)

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Key References

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2. Children's Hospital of Richmond at VCU. Foreign body ingestion clinical pathway. *Children's Hospital of Richmond at VCU*. Published April 7, 2025.
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5. Kramer RE, Lerner DG, Lin T, et al. Management of ingested foreign bodies in children: a clinical report of the NASPGHAN Endoscopy Committee. *J Pediatr Gastroenterol Nutr*. 2015;60(4):562-574. doi:10.1097/MPG.0000000000000729 [NASPGHAN Button Battery Pathway](#)
6. National Capital Poison Center. National Capital Poison Center's button battery ingestion triage and treatment guideline. *Poison Control*. Published 2010-2026. [National Poison Control Button Battery Pathway](#)
7. University of California, Davis Health. Foreign body ingestion algorithm. *UC Davis Health*. Published online. Accessed January 26, 2026.
8. Hoffman RS, Burns MM, Gosselin S. Ingestion of Caustic Substances. *N Engl J Med*. 2020;382(18):1739-1748. doi:10.1056/NEJMr1810769

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Advisory Committee Date: *August, 2026*

Origination Date: *September, 2026*

Next Revision Date: *September, 2031*

Clinical Pathway Development

This clinical pathway was developed using the process described in the NCH Clinical Pathway Development Manual Version 6, 2022. Clinical Pathways at Nationwide Children's Hospital (NCH) are standards which provide general guidance to clinicians. Patient choice, clinician judgment, and other relevant factors in diagnosing and treating patients remain central to the selection of diagnostic tests and therapy. The ordering provider assumes all risks associated with care decisions. NCH assumes no responsibility for any adverse consequences, errors, or omissions that may arise from the use or reliance on these guidelines. NCH's clinical pathways are reviewed periodically for consistency with new evidence; however, new developments may not be represented, and NCH makes no guarantees, representations, or warranties with respect to the information provided in this clinical pathway.

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