

Foreign Body Aspiration

A plain-English guide for you and your family

WHAT IS HAPPENING

Your airway is built with strong protections to keep food, toys, and other objects out. The epiglottis (a flap at the top of your windpipe) snaps shut when you swallow, and if anything tries to sneak past, your larynx (voice box) triggers a powerful cough reflex to blast it back out. In a young child, the airway is narrow — about the width of their pinky finger — so even a small object can become a big problem. When something slips past these defenses, it gets stuck in the larynx, trachea (windpipe), or bronchus (one of the two large air tubes that branch into each lung). The right bronchus is straighter and wider, so objects drop into the right side more often in adults and older children. Once the object is stuck, it blocks the airway partly or completely. You suddenly choke, cough violently, and may make a high squeaky sound called a high-pitched noise on breathing in (stridor) when you breathe in. If the blockage is partial, you may wheeze on one side or sound normal on one side and silent on the other. If the blockage is complete, no air moves at all — your oxygen level drops fast, your lips and fingertips turn blue, and you cannot make any sound. Your body responds by breathing faster and making your heart beat faster to try to push oxygen around, but none of that helps if air cannot get past the object. The danger is that a complete blockage can stop oxygen from reaching the brain within minutes. Removing the object — with back blows and chest thrusts, or in the hospital with a bronchoscope (a thin camera tube) — opens the airway again, and normal breathing returns immediately.

What you might feel

- Sudden coughing or gagging that starts while eating or playing
- Wheezing (a high-pitched whistling sound when you breathe)
- A high-pitched noise on breathing in (Stridor) (a harsh, crowing sound when you breathe in)
- Trouble breathing or breathing faster than normal
- Someone saw the person choke or put something in their mouth just before symptoms started
- Drooling or refusing to swallow
- Blue lips or skin (cyanosis)

- Decreased or absent breath sounds on one side of the chest
- Coughing up blood (hemoptysis)

Call the doctor right away if...

- A high-pitched noise on breathing in (Stridor) (harsh crowing noise when breathing in)—means the object is high in the airway and may fully block it any second
- Severe trouble breathing, blue lips or skin, or can't speak—the airway is nearly or completely blocked and the person is not getting enough oxygen
- Sudden silence after choking (no crying, no coughing)—may mean complete blockage; the person cannot move any air at all
- Fever, thick yellow or green mucus, or worsening cough days after the choking—may mean infection (pneumonia or abscess) has started in the blocked lung

What the care team will do

- Position the patient upright and leaning slightly forward; do NOT lay them flat
- Apply pulse oximetry continuously and start supplemental oxygen by nasal cannula or face mask to keep oxygen saturation above 92 percent
- Keep the patient NPO (nothing by mouth) including water, food, and medications
- Prepare rigid bronchoscopy equipment and alert the operating room or procedural team immediately
- Have emergency airway equipment at bedside including bag-valve mask, suction, laryngoscope, and endotracheal tubes of multiple sizes
- Monitor respiratory rate, work of breathing, and breath sounds every 15 minutes until the object is removed
- After removal, continue oxygen and monitor for at least 2 hours watching for a high-pitched noise on breathing in (stridor), increased work of breathing, or desaturation
- Teach caregivers of young children to cut food into pieces smaller than one-half inch and avoid giving hard round foods like grapes, hot dogs, and nuts

Medicines you may be given — and why

Rigid bronchoscopy (tube with a camera and grasping tools)

A metal tube is passed through the mouth into the windpipe while the person is asleep under anesthesia. The doctor looks through the tube with a camera and uses tiny forceps (grabbing tools) to grip the object and pull it out. This is the main way to remove a foreign body that is stuck in the airway.

Albuterol (a beta-2 agonist bronchodilator)

Albuterol is a rescue inhaler that relaxes the tight bands of muscle wrapped around the small air tubes in the lungs. When a foreign body gets stuck, the airways downstream often clamp down (bronchospasm) because they are irritated. Albuterol flips a switch on the muscle cells (the beta-2 receptor) that tells them to relax and let the tube open wider. This makes it easier to breathe and can help the doctor see past the spasm during bronchoscopy.

Dexamethasone or Methylprednisolone (corticosteroids)

After a foreign body irritates or scrapes the airway, the lining swells up with inflammation (the body's alarm response). Steroids like dexamethasone or methylprednisolone turn down that alarm by blocking the production of inflammatory chemicals (prostaglandins and leukotrienes) and by shrinking the number of white blood cells rushing to the area. This shrinks the swelling and keeps the airway open after the object is removed.

Antibiotics (Ampicillin-Sulbactam, Ceftriaxone, or Amoxicillin-Clavulanate)

If the foreign body sat in the airway for a while, bacteria from the mouth or the object itself can seed an infection in the lung tissue downstream (post-obstructive pneumonia). Antibiotics kill bacteria by breaking open their cell walls. The beta-lactam ring in these drugs jams the enzymes (penicillin-binding proteins) that bacteria use to build and repair their walls, so the bacteria burst and die. The added inhibitor (sulbactam or clavulanate) blocks enzymes that some bacteria make to chew up the antibiotic.

Where this information comes from

- American Academy of Pediatrics (AAP) Clinical Practice Guideline on Foreign Body Aspiration
- American College of Chest Physicians (ACCP) Guidelines on Airway Foreign Bodies
- Cochrane Review: Interventions for Inhaled Foreign Bodies in Children
- UpToDate: Foreign Body Aspiration in Children

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