

Foreign Body Aspiration

When something gets stuck in your airway, you suddenly choke and cough hard. Always think of this first in anyone who was just eating, playing with small objects, or putting something in their mouth.

THE ONE-LINE TRUTH

An object is stuck in your airway, blocking the path air normally takes to reach your lungs.

The chain — how it unfolds

1. An object slips past the epiglottis and enters the trachea or bronchus instead of the esophagus — why: The person is eating, laughing, running, or distracted, so the epiglottis does not close in time or the object is inhaled during a sudden breath — gravity and airflow pull the object into the airway.
2. The object gets stuck in the larynx, trachea, or bronchus and blocks the airway partly or completely — why: The object is too big to pass through, or it wedges at a branch point or narrowing — now air cannot flow normally past it.
3. You suddenly choke, gasp, and cough violently — why: The larynx instantly senses the object and triggers a powerful cough reflex to try to blast it back out — this is your body's first-line defense.
4. If the blockage is partial, you hear a high-pitched noise on breathing in (stridor) (a high squeaky sound) when breathing in, and you may wheeze on one side — why: Air squeezes through the narrow gap around the object, making the airway walls vibrate and produce a high-pitched noise on breathing in (stridor). If the object is in one bronchus, that side gets less air and may wheeze or sound quiet while the other side sounds normal.
5. Your oxygen level starts to drop, and you breathe faster and faster — why: Not enough air is reaching the alveoli (tiny air sacs where oxygen enters the blood), so your brainstem tells your lungs to speed up to try to pull more air past the blockage.
6. If the blockage is complete, you cannot cough, speak, or make any sound, and your lips and fingertips turn blue (cyanosis) — why: No air can move at all — your oxygen level crashes, and the blood does not have enough oxygen to keep tissues pink, so they turn blue.

7. Without removal of the object, the brain runs out of oxygen within 3–5 minutes, leading to loss of consciousness, brain injury, and death — why: The brain needs a constant supply of oxygen to survive — once the oxygen is gone, brain cells start dying within minutes.
8. Removing the object (with back blows, abdominal thrusts, or bronchoscopy) opens the airway, and normal breathing returns immediately — why: The mechanical blockage is gone, so air can flow freely again — oxygen reaches the lungs, the oxygen level rises, and all the compensatory responses (fast breathing, fast heart rate, a high-pitched noise on breathing in (stridor)) stop because the root problem is fixed.

Spot it — what you see, and why

- Sudden coughing or gagging that starts while eating or playing: The object drops into the windpipe (trachea) or one of the breathing tubes (bronchi), and the body tries to kick it out with a strong cough reflex triggered by nerves in the airway lining.
- Wheezing (a high-pitched whistling sound when you breathe): The object partly blocks an airway tube, so air has to squeeze through a narrow gap—like blowing through a tiny straw—and that creates the whistling noise.
- A high-pitched noise on breathing in (Stridor) (a harsh, crowing sound when you breathe in): The object is stuck higher up in the voice box (larynx) or windpipe (trachea), making the opening very narrow; when air rushes through, it vibrates loudly, like wind through a narrow crack.
- Trouble breathing or breathing faster than normal: The blocked airway means less oxygen is getting to the lungs, so the brain tells the chest to breathe harder and faster to try to pull in enough air.
- Someone saw the person choke or put something in their mouth just before symptoms started: A witnessed choking episode tells you exactly when the object went down; the timing and the action together point straight to a foreign body as the cause.
- Drooling or refusing to swallow: If the object sits high in the throat near the voice box, swallowing hurts or feels blocked, so the person keeps spit in their mouth instead of swallowing it down.

Red flags — act now

- 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

Treat it — in this order

1. Heimlich maneuver (abdominal thrusts) for children and adults, or back blows and chest thrusts for infants under 1 year → These maneuvers create sudden pressure that pushes air up from the lungs with force, like a cough on steroids. This burst of air can dislodge the object and push it out of the airway. In infants, back blows and chest thrusts are safer because abdominal thrusts can damage soft organs.
2. Do NOT interfere if the person is coughing forcefully and air is still moving in and out → A strong cough is the body's most powerful tool to push the object out—it can generate more force than any external maneuver. Letting the cough work gives the best chance of clearing the object on its own. Interfering (like slapping the back) can cause the object to move deeper or completely block the airway.
3. Rigid bronchoscopy under general anesthesia to visualize and remove the object → This is the definitive treatment. The doctor inserts a rigid metal tube down the airway, looks directly at the object with a camera, and removes it with forceps or a basket. Rigid bronchoscopy is preferred over flexible because it controls the airway, protects it during removal, and allows larger tools. Success rate is over 95%.
4. Supplemental oxygen by nasal cannula or face mask during and after the event → Raises the oxygen level in the blood while the airway is partly blocked and while the child recovers after removal. This keeps the brain, heart, and other organs safe from damage due to low oxygen.
5. Antibiotics (such as amoxicillin-clavulanate, ceftriaxone, or clindamycin) if pneumonia or lung abscess develops → Kills bacteria that moved into the lung when the airway was blocked or that came in on the foreign object itself (especially with food or dirty objects). This stops the infection from spreading and prevents sepsis (infection in the blood).

Your top priorities at the bedside

1. Position the patient upright and leaning slightly forward; do NOT lay them flat — why: Gravity keeps the foreign body from moving deeper into smaller airways and reduces aspiration (breathing in) of secretions pooling above the obstruction; supine position lets the object migrate downward

2. Apply pulse oximetry continuously and start supplemental oxygen by nasal cannula or face mask to keep oxygen saturation above 92 percent — why: The foreign body blocks airflow to part of the lung causing ventilation-blood flow (perfusion) mismatch (blood flows to lung areas not getting air), which drops oxygen levels; supplemental oxygen increases the amount available to reach unblocked lung tissue
3. Keep the patient NPO (nothing by mouth) including water, food, and medications — why: Anything swallowed can go down the wrong pipe into the already compromised airway because protective reflexes are disrupted; also the patient will need procedural sedation for bronchoscopy which requires an empty stomach to prevent vomiting and aspiration