Management of Foreign Body Aspiration or Ingestion in Dentistry

A patient may have aspirated/swallowed a foreign object (i.e. crown)

If there is a possibility that a patient has aspirated/swallowed a foreign object (i.e. crown, bracket, clamp) during a clinic session, he/she should be accompanied to the UBC Urgent Care* to be assessed by a physician. It is important to relate the following information to the attending doctor: the nature of the object, material composition, presence of sharp edges and the time of incident. Patient will be likely referred to the Radiology Department (phone # 604.822.7080) for a chest and/or abdominal radiographs to locate the object. The patient needs to request that a verbal report of the findings be provided to Dr. Andrea Esteves at 604.822.8005.

The student is not required to stay with the patient after ensuring that he/she is comfortable and waiting to be seen at Urgent Care. Detailed notes must be made in the patient record. An incident report also must be filled (the form can be found at the CSD). Once the report is provided, the results are to be entered in the patient record by Dr. Esteves.

If the patient refuses to go to Urgent Care, the student and instructor must advise of the possible negative outcomes and notes pertaining to the information and patient response to recommended follow-up must be entered in the patient record.

In all instances a later follow-up phone call to the patient must be made within 24 hours of the incident and documented in the patient record.

* UBC Hospital - Koerner Pavillion
2211 Wesbrook Mall

Phone
604.822.7121

Hours of operation
Mon - Sun, 8 a.m. - 10 p.m.
Incident occurs

Maintain patient in recumbent position

Airway not compromised

Examination of mouth and local area

Potentially swallowed/aspirated (no object not retrieved)

Monitor/inspect airway

(i) Reassure patient
(ii) Escort patient to hospital for clinical/radiographic examination

Not swallowed/aspirated (no object retrieved)

(i) Retrieve and identify object
(ii) Confirm that object is intact
(iii) Reassure patient

Airway compromised (via recognition of signs and symptoms of obstruction); further coughing ineffective

Ask patient to cough, to clear airway

Object not retrieved and airway obstruction exists

Perform Hemanth maneuver

(i) Immediately summon help
(ii) Support including cricothyrotomy where necessary

Identify location of object

Respiratory tract

Arrangements for bronchoscopy/surgery

Object retrieved

(i) Identify object
(ii) Confirm that object is intact
(iii) Reassure patient

Gastrointestinal tract (not oesophagus)

Referral to gastroenterologist for specific items (sharp or bulky items)

(i) Monitor for 2 weeks by telephone
(ii) Examination of stools
(iii) Monitor systems

Object not retrieved

Radiographic examination

Object still present within gastrointestinal tract

Refer to gastroenterologist
Consider need for endoscopy/surgery

Oesophagus

Endoscopic removal

Object no longer present within gastrointestinal tract

(i) Assume object passed
(ii) Reassure patient