

Ref: UHB 18-345

## Freedom of Information Request

Date 14 June 2018

By Email

Dear Sir,

Thank you for your request for information under the Freedom of Information Act 2000. The Trusts response is as follows:

I would like to make a FOI request to access your trusts 'ingestion/inhalation of button battery or foreign body' clinical guideline.

Please find the Trust's clinical guideline for 'ingestion/inhalation of button battery or foreign body' below:

# **Foreign Bodies**

#### IS IT A WATCH BATTERY? - NEEDS IMMEDIATE REMOVAL

# **EARS**

- Remove using microscope, sucker, wax hooks etc.
- Uncooperative patients/children should be brought for GA on the next available elective list
- Syringing may be successful (use oil for insects).
- Liaise with paeds ENT waiting list coordinator.

#### **NOSES**

- Remove under LA/direct vision using hooked probe (eustachian catheter or bent Jobson Horne probe).
- Uncooperative patients/children may require a GA soon. Liaise with paeds ENT waiting list coordinator.

## **THROATS**

- X-ray:
  - o chest and abdomen in children,
  - o lateral soft tissue neck and lateral chest for adults,
  - o patients may not localize the site of foreign body well,
  - o the majority of fish bones are in the tonsil or vallecula,
  - o not all show up on X-ray.
- Remove under direct vision if possible.
- GA necessary for children, low pharyngeal and oesophageal foreign bodies (especially if known to be sharp and risk of perforation).

- Soft boluses (and small coins in lower oesophagus) may pass with overnight bed rest: discuss with Gastro for OGD in morning.
- Consider antispasmodics (eg: Buscopan), GTN, Glucagon).

### **INHALED**

- Suspect in children with unexplained wheeze, stridor, choking or cough.
- Inspiratory and expiratory CXR may be helpful.
- Auscultation may identify areas of collapse/hypoventilation. Emergency rigid bronchoscopy (consultant anaesthetist/surgeon) indicated.

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Trust Secretary
University Hospitals Bristol NHS Foundation Trust
Trust Headquarters
Marlborough Street
Bristol
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

To view the Freedom of Information Act in full please click <a href="here.">here.</a>

Yours sincerely,

### **FOI Administrator**