

Goals around Ear FB in pediatric patients:

Improve overall care and patient experience by:

Reducing trauma to canal with multiple unsuccessful attempts to remove FB

Reducing trips to HCH ED for children who do not need the FB removed urgently

Reducing trips to ENT to just get consent for removal

Maximizing sedation resources and service in HCH ED for certain patients

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Collaboration between PEM and Pedi Otolaryngology (Dr. Overly, Dr. Gibson, Dr. Groblewski)

HCH Guideline for Ear Foreign Body Triage Process

Revised 6.26.2019

Pediatric Patient with Ear FB **at an outside location**, (Community ED, Urgent Care, PCP)

Questions to ask(i.e. ExpressCare)
Battery? Bleeding? Pain?

No

Referral to ENT by calling 401-626-3725 to get an appointment in 1-2 days, avoiding HCH ED visit

Yes

Refer to HCH ED to be assessed, instruct family to keep patient NPO:

PEM Assessment: Have there been previous unsuccessful/traumatic attempts to remove FB or is it a battery?

No

If no previous attempts and PEM provider feels they may have success removing FB, attempt removal but limit attempts to limit trauma to canal

Unsuccessful removal, or PEM team not confident w/ attempting to remove FB

Yes

Yes

Pediatric Patient with Ear FB **walks into HCH ED**

Assess patient, battery? bleeding? pain?

Battery?

If no previous traumatic attempts and PEM provider feels they may have success removing FB, attempt removal but limit attempts to limit trauma to canal

Unsuccessful removal, or PEM team not confident w/ attempting to remove FB

Yes

Yes

-Consult ENT to see if patient could have FB removed with or without sedation by ENT in ED
-If sedation not felt necessary or possible and FB not removed, ENT will consent for elective removal as outpatient.

Patients who may benefit from Sedated removal in ED, significant pain, developmentally delayed or younger child who may not have successful removal in ENT office.