



QR code for mobile view

25 to 50% of FBAs **are not** witnessed and lead to a delayed diagnosis

**History:**

- Acute onset of choking
- Intractable cough which may diminish over time
- **High suspicion of FBA per parent / caregiver**
- High risk age group ( $\leq 5$  yoa with peak incidence between 1- 2 yoa\*)
- Developmentally delayed^

**Physical exam:**

- Stridor or focal "wheeze"
- Asymmetric breath sounds
- Decreased or absent breath sounds

\*The American Association of Poison Control National Poison Data System (Gummin et al., 2018) reported that 73,503 FBA occurred, with 87% of these occurrences being in the pediatric population. In that same year, 73% of FBA ingestions were reported in children  $\leq 5$  yoa.  
^Based on CM data (2012 - 2019) 12% of patients with a suspected FBA (N = 141) had a diagnosis associated with developmental delay.

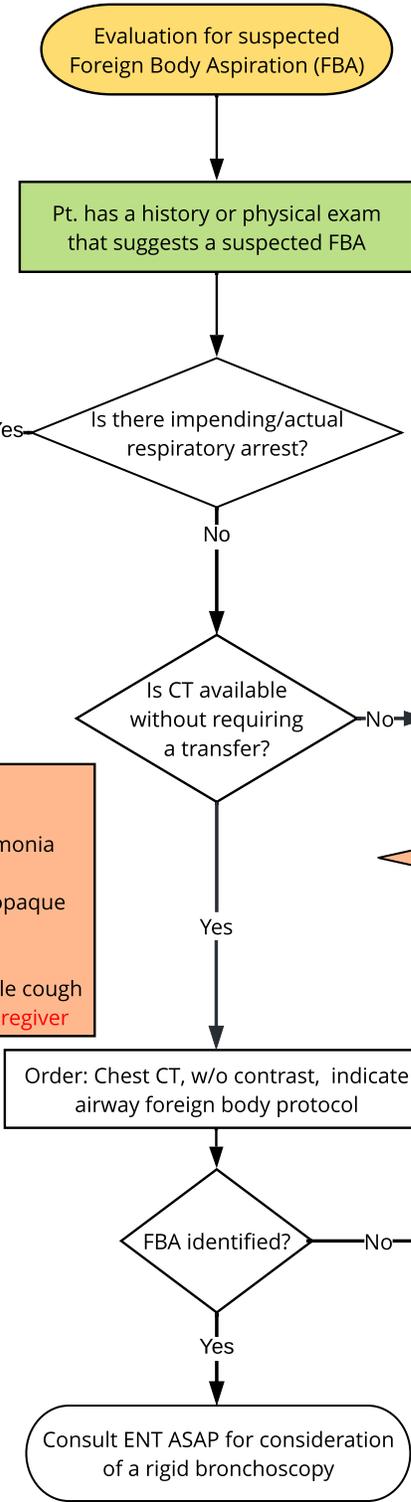
Provide appropriate emergency airway care

**Chest XR Suggestive of FBA:**

- Focal air trapping (acute finding)
- Atelectasis or post-obstructive pneumonia (may be subacute or chronic)
- Note: Only 10-20% of FBA are radio-opaque

**Continued FBA Concern:**

- Focal findings on examination
- Acute onset of choking and intractable cough
- **High suspicion of FBA per parent / caregiver**



The FBA Care Process Model is primarily a consensus document. The following reference was used to determine the epidemiology statement: Gummin, D. D., Mowry, J. B., Spyker, D. A., Brooks, D. E., Osterthaler, K. M., & Banner, W. (2018). 2017 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 35th Annual Report. *Clin Toxicol (Phila)*, 56(12), 1213-1415. doi:10.1080/15563650.2018.1533727

This care process model/clinical practice guideline is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient.