Protocol For Managing Children with Airway Obstruction/Inhaled Foreign Body

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

Worcestershire has three sites where emergencies can present

1. Worcestershire Royal hospital (WRH) which is staffed with 24 hour ENT, Paediatric and anaesthetic cover
2. Alexandra Hospital (AHR) which is staffed with 24 hour paediatric* and anaesthetic cover.
3. Kidderminster Hospital and Treatment Centre (KTC) which has a minor injuries unit and a nurse led minor injuries unit

*under review

Ambulance cases are not taken to KTC and are brought directly to WRH. It is theoretically possible for a member of the public to walk into KTC with an ill child but in practice this does not happen. Ill children are taken to AHR.

This protocol addresses the problem of a child presenting to any of the above sites

This guideline is for use by the following staff groups :

ENT Surgeons, General Surgeons, Anaesthetists

Lead Clinician(s)

Mr Martin Porter	Consultant ENT Surgeon
Dr Mike McCabe	Consultant Anaesthetist
Approved by ENT Clinical Director and Governance Lead on:	18th November 2021
Review Date: This is the most current document and is to be used until a revised version is available	18th November 2024

Key amendments to this guideline

Date	Amendment	Approved by:
March 2014	New Document	
August 2016	Document extended for 1 2months as per TMC paper approved on 22nd July 2015	TMC
March 2017	Document extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG
January 2019	Document reviewed and approved with no changes	Martin Porter
February 2021	Document extended as per Trust agreement 11.02.2021.	
July 2021	Document review date amended as per the Key Documents policy 3 year approval update.	Trust policy
18th November 2021	Document approved for 3 years with no amendments	Mr Lewis/ Mr Daultrey

Protocol for Managing Children with Airway Obstruction/Inhaled Foreign Body

Details Of Guideline

Background

Worcestershire has three sites where emergencies can present

1. Worcestershire Royal Hospital(WRH) which is staffed with 24 hour ENT, Paediatric and anaesthetic cover
2. Alexandra Hospital (AHR) which is staffed with 24 hour paediatric* and anaesthetic cover (*under review)
3. Kidderminster Hospital and Treatment Centre (KTC) which has a minor injuries unit and a nurse led minor injuries unit.

Ambulance cases are not taken to KTC and are brought directly to WRH. It is theoretically possible for a member of the public to walk into KTC with an ill child but in practice this does not happen. Ill children are taken to AHR.

This protocol addresses the problem of a child presenting to any of the above sites

Inhaled foreign body

If a child presents to KTC or AHR with a good history of a foreign body i.e. a report of

1. Choking
2. Cyanosis or
3. Witnessed inhalation

and the child is **stable** with no evidence of drooling/tachypnoea and has equal breath sounds then they should be transferred to WRH if **three years old or over**. If **under three years old**, then they should have a chest X-ray and be assessed by the A&E middle grade (or consultant) and a referral to Birmingham Children's Hospital (BCH) via the on call ENT registrar for BCH. The mode of transfer to be agreed between BCH and local staff.

If a child presents to WRH either directly or via another unit and they are stable and three years old then the on call paediatric and ENT doctor (bleep 866) should be called. The on call ENT middle grade should be contacted as appropriate. If it is agreed that an inhaled foreign body is probable the on call ENT consultant may suggest a bronchoscopy and removal of the foreign body at WRH. This should be performed

- by consultant Surgeon or under his direct supervision
- by consultant anaesthetist
- within 12 hours of reported inhalation.

If the child is **not stable** i.e. has any of the following

- Drooling
- Tachypnoea
- Abnormal breath sounds
- Respiratory distress
- Abnormal CXR

then A&E must call the ITU registrar on call (bleep 702 for WRH or via switchboard for AHR) and the paediatric registrar on call (bleep 653). If they diagnose a foreign body the on call ENT registrar is called.

If the child is **under** three years old then the KIDS (Kids Intensive Care and Decision Support) service will be called (0300 200 1100) and the consultant ENT and anaesthetist informed. The consultant ENT and anaesthetist will make themselves available in case the child deteriorates before the arrival of the retrieval team and an emergency procedure is unavoidable.

If the child is three years old or over the on call ENT consultant may elect to offer bronchoscopy and removal at either WRH or AHR. If the child is at AHR then the on call ENT will go via WRH theatres and personally bring with them the paediatric bronchoscopy and paediatric laryngoscopy trays to AHR.

Monitoring Tool

How will monitoring be carried out? Audit

Who will monitor compliance with the guideline? ENT Directorate

STANDARDS	%	CLINICAL EXCEPTIONS
Compliance with standards	100	Nil

Contribution List

Key individuals involved in developing the document

Name	Designation
Mr Martin Porter	Consultant ENT Surgeon
Dr Mike McCabe	Consultant Anaesthetist

Circulated to the following individuals for comments

Name	Designation
All ENT consultants	
Patti Paine	Divisional Director of Nursing & Midwifery
David Whitelock	Anaesthetic Consultant – Clinical Governance Group
Tim Smith	Consultant Anaesthetist A.H
Dana Picken	Matron - Paediatrics
Aiden Norman	Consultant Anaesthetist W.R.H
Chris Hetherington	Consultant A&E
Beth Williams	Consultant A&E

Circulated to the following CDs/Heads of department for comments from their directorates / departments

Name	Directorate / Department
Mr Graham James	Divisional Medical Director - Surgery
Dr Karen Kerr	Clinical Director - Anaesthesia
Dr Andrew Short	Divisional Medical Director – Women & Children Division

Circulated to the chair of the following committees / groups for comments

Name	Committee / group
Dana Picken	Paediatric Surgery and Care of Critically Ill Child Group
Dr Andrew Gallagher	Paediatric Clinical Governance Group

Supporting Document 1 - Equality Impact Assessment Tool

. To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
Date assessment completed	**18/11/2021**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** Protocol For Managing Children with Airway Obstruction/Inhaled Foreign Body			
What is the aim, purpose and/or intended outcomes of this Activity?	See body of document			
Who will be affected by the development & implementation of this activity?	❑ x❑ ❑ ❑	Service User Patient Carers Visitors	❑ ❑ ❑ ❑	Staff Communities Other _____
Is this:	x❑ Review of an existing activity ❑ New activity			

	❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	See body of document
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	See body of document
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				N/A
Disability				N/A
Gender Reassignment				N/A
Marriage & Civil Partnerships				N/A
Pregnancy & Maternity				N/A
Race including Traveling Communities				N/A
Religion & Belief				N/A
Sex				N/A
Sexual Orientation				N/A
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless;				N/A

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				N/A

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	18/11/2021
Comments:	Completed on behalf of owner
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval