



# Foreign bodies in the nose (child)

Your child has attended the Emergency Department with a foreign body in the nose. This leaflet explains what treatment is usually given.

## Most common items (pre-school children)

The most common things found in the noses of pre-school children are beads, buttons, sweets, nuts, seeds, peas and toys or parts of toys.

## Signs and symptoms

- No symptoms – especially when the child is brought to the Emergency Department immediately after the incident (witnessed by a parent or reported by the child).
- Bleeding from the nose.
- Blocked nose.
- Offensive discharge from one nostril – more common when the item has been in place for a while.

## How is the foreign body removed?

Removing a foreign body from a child's nose can be a challenge for obvious reasons. Ideally, your child should be in a calm and friendly environment and you, as the parent or guardian, should be fully informed of the nature of the procedure and willing to co-operate.

Generally, there are several common practices:

- Use topical anaesthetic spray to make removal attempt pain-free.
- Blow positive pressure through the nose – preferably by the parent blowing sharply through the child's mouth while obstructing the unaffected nostril. This technique is relatively non-traumatic and probably less stressful for the child due to immediate interaction with the parent/guardian only.
- Use a thin forceps to fish the foreign body out – requires good co-operation from the child and a steady head position.

## Other management

Management largely depends on the type of foreign body. For example, food particles/ sweets may be already dissolving and are likely to need only flushing out or no intervention at all. On the other hand, some foreign bodies, like button batteries, need to be removed as soon as possible.

Usually, two attempts to remove the foreign body are made in the Emergency Department. If this isn't successful, then your child is likely to be referred to the Ear Nose and Throat (ENT) Clinic. The difficulties in removing a foreign body arise due to a variety of reasons – a restless child, a foreign body pushed further up the nose where it is difficult to reach, the need for special equipment (suction, a flexible scope) etc.

Your doctor will advise whether the referral to ENT will take place immediately or as an urgent outpatient appointment (usually within the next 1-2 days). This decision depends on the type of foreign body, the likelihood of its dislodgement and potential aspiration (going down into the airways), the available ENT resources at that particular time of day or night etc.

As explained above, in some cases at the end of your Emergency Department visit your child may still have a foreign body in their nose but you should feel reassured that he/she has been carefully assessed and may be awaiting urgent specialist follow-up to ensure the best possible physical and psychological outcome.

### **Tell us your views**

If you wish to discuss any aspect of your treatment and care, please speak to a senior member of staff or to the nurse looking after you. The matrons are also available during normal working hours and they welcome your views.

You can also pick up a copy of the Trust leaflet called 'Patient Advice and Liaison Service (PALS)', which explains how you can raise concerns or give feedback on your experience at the hospital.

### **Friends and Family Test**

Whatever your experience you can give feedback by answering the Friends & Family test question – 'Overall, how was your experience of our service?' – by going online [www.royalberkshire.nhs.uk/get-in-touch/friends-and-family-survey.htm](http://www.royalberkshire.nhs.uk/get-in-touch/friends-and-family-survey.htm).

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

RBFT Paediatric Emergency Department

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