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"The Gold Standard for the diagnosis and management of an airway foreign body in children is rigid bronchoscopy under general anaesthetic. (Farrell, 2004)

Airway foreign body (FB) is any object originating outside of the body:

- Foreign body (FB) aspiration is a leading cause of death in children aged 1-3 years, with a peak incidence rated in the 2nd year of life.
- Food is the most common category of items aspirated; with nuts, especially peanuts, being the most common type of food.
- Other non-organic foreign bodies include coins, batteries, beads, and small toy piece etc

Signs & Symptoms

- Dyspnoea
- Stridor/Wheeze
- Apnoea
- Coughing
- Cyanosis
- Choking
- Total obstruction



It is a challenge for Perioperative staff in a large acute general hospital, such as Cork University Hospital (CUH), to cater for the anaesthetic needs of both adult and paediatric patients. *"There are several anatomical and physiological differences of anaesthetic importance in infants and neonates when compared to adults"* (Subhash, 2004 pg 365).

Rigid Bronchoscopy

- A rigid bronchoscope is a hollow stainless steel tube through which a rigid telescope is placed, providing access to the central airways.
- Rigid bronchoscopy permits visualisation of the oropharynx, larynx, the scope is then passed through the vocal chords and into the upper trachea, advanced toward the carina and systematically inserted into each bronchus.

- It is the preferred method of FB recovery as it allows for protection of the airway
- Telescopes and Forceps are used as enhancements
- Successful in $\leq 95\%$ of cases.

Complications occur in $\leq 1\%$ of cases

- Damage to the teeth and gums
- Tracheal and Bronchial tearing
- Dislodgement of FB into a dangerous position

A multidisciplinary approach to the management of Foreign Body removal in Children in Cork University Hospital involved Clinical Nurse Managers, Nurses, Anaesthetists, Surgeons & staff in Biomedical, Finance and Procurement departments. The result of this initiative has seen the following improvements:

- Purchase of relevant airway equipment – Paediatric Rigid Bronchoscopes & Paediatric Oesophageal Scopes.
- Creation of a **RED ZONE** in the Operating Theatre Department where emergency equipment and instruments are centrally located & stored for ease of staff access.
- Staff Education – for both nursing and medical staff.

This education is Nurse led by one of the Registered Children's Nurses within the Operating Theatre Department in CUH, and includes both a presentation and practical instruction on the management of airway foreign body in paediatric patients. Provision of this education has been facilitated and extended to perioperative nursing & medical staff in other Cork Hospitals.

REFERENCES:

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