

Can't Swallow After Food Gets Stuck: Emergency Steps for Parents

Common names: Food bolus impaction, cannot swallow, drooling

If your child cannot swallow saliva after eating, food may be stuck in the esophagus. This can require urgent hospital care, especially if there is drooling, chest pain, or breathing symptoms.

1) Quick "At-a-glance"

Who it affects	More common in older children/teens; can occur in children with eosinophilic esophagitis.
What to do today	Stop eating/drinking. If your child is drooling or cannot swallow saliva, go to the emergency department now.
Red flags (urgent/ER)	Drooling, inability to swallow saliva, breathing trouble, severe chest pain, vomiting blood, or worsening distress.
When to see a clinician	Any episode that needed ER care, or any recurrent "food stuck" episodes.

2) What it is (plain language)

This is different from choking. In esophageal impaction, the airway is usually open (your child can breathe), but swallowing becomes difficult or impossible.

3) Why it happens (causes & triggers)

- Eosinophilic esophagitis (EoE).
- Esophageal narrowing/stricture.
- Eating too fast or not chewing well (meat/bread).

4) What parents might notice (symptoms)

- Drooling or spitting saliva.
- Chest discomfort, gagging, retching without relief.
- Refusal to drink because swallowing hurts or won't go down.



5) Home care and what helps (step-by-step)

- Keep your child upright and calm.
- Do not give solid food. Do not force liquids.
- If your child is drooling/cannot swallow, go to ER immediately.
- Bring details: what food, when it started, known allergies/EoE.

6) What NOT to do (common mistakes)

- Do not try to push the food down with more food.
- Avoid home remedies (fizzy drinks, oils) — can increase risk of vomiting/aspiration.
- Do not wait overnight if saliva cannot be swallowed.

7) When to worry: triage guidance

- Call 911 / Emergency now: breathing difficulty, bluish lips, severe distress.
- Go to ER now: drooling/cannot swallow saliva, severe chest pain, ongoing symptoms >30-60 minutes.
- Routine follow-up: after any episode, even if it passed, especially if it's happened more than once.

8) How doctors diagnose it (what to expect)

- Emergency assessment, sometimes imaging.
- Endoscopy may be needed to remove food and assess the esophagus.

9) Treatment options

- Endoscopic removal if needed.
- Treatment of underlying EoE/reflux/stricture.

10) Expected course & prognosis

- With prompt care, most children recover well.
- Prevent recurrence by treating the underlying cause.

11) Complications (brief but clear)

- Aspiration (food/liquid into airway).
- Esophageal tear (rare but serious).



12) Prevention and reducing future episodes

- Small bites, chew well, avoid rushing meals.
- Follow an EoE treatment plan if diagnosed.

13) Special situations

- Known EoE: ask your specialist about emergency instructions.
- Kids with swallowing difficulties: discuss safe textures with your clinician.

14) Follow-up plan

- Book follow-up after the episode to investigate the cause.
- Keep a record of foods and symptoms.

15) Parent FAQs

- “Is this choking?” Usually no if breathing is normal, but it can still be urgent.
- “Will it pass on its own?” Sometimes — but drooling/inability to swallow needs urgent care.
- “What tests will they do?” Often an endoscopy if symptoms persist.

16) Printable tools (quick downloads)

- One-page action plan (what to do today).
- Symptom diary / tracker (what to write down).
- Red flags “fridge sheet” (when to seek urgent care).
- Medication schedule box (if medicines are used).
- School/daycare notes (what teachers should know).

17) Credible sources

- Children’s hospital guidance on esophageal food impaction.
- NASPGHAN resources on eosinophilic esophagitis (EoE).
- American Academy of Pediatrics: choking and swallowing safety guidance.

Developed and reviewed

This guide was fully developed and reviewed by Dr. Hussein.



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Board-certified pediatrician and pediatric gastroenterologist (Royal College of Physicians and Surgeons of Canada) with expertise in inflammatory bowel disease, eosinophilic gastrointestinal disorders, motility and functional testing, and complex nutrition across diverse international practice settings.

To book an online full assessment for your child's condition:

Email Dr. Hussein's Assistant Elizabeth Gray at Elizabeth.Gray@pedsgimind.ca

In the email subject, please write: New Assessment Appointment with Dr. Hussein

Note: This appointment is completely online, as Dr. Hussein is currently working overseas. This service is not covered by OHIP.

18) Safety disclaimer

This guide supports — but does not replace — medical advice. If you are worried, trust your instincts and seek urgent care.

