Food Stuck in the Middle of the Chest: What Parents Should Do

Common names: Food stuck, dysphagia episode, food bolus

A sudden feeling that food is stuck in the chest can be an esophageal food impaction. Some episodes pass with time, but inability to swallow saliva, chest pain, or breathing trouble can be an emergency.

1) Quick “At-a-glance”

Who it affects	More common in older children and teens; risk increases with eosinophilic esophagitis.
What to do today	Stop solid foods, try small sips of water only if your child can swallow, and watch closely. If saliva cannot be swallowed, seek urgent care.
Red flags (urgent/ER)	Drooling/cannot swallow saliva, trouble breathing, severe chest pain, vomiting blood, or symptoms not improving quickly.
When to see a clinician	Any recurrent episodes, history of food sticking, or suspected eosinophilic esophagitis or reflux.

2) What it is (plain language)

The esophagus is the tube that carries food from the mouth to the stomach. Sometimes food can get stuck — especially dry meats or bread — causing chest pressure, gagging, or repeated swallowing.

3) Why it happens (causes & triggers)

- Eosinophilic esophagitis (EoE) causing narrowing/inflammation.
- Poor chewing or eating too fast.
- Esophageal narrowing (stricture) from reflux or other conditions.
- Less common: motility problems affecting swallowing.

4) What parents might notice (symptoms)

- Sudden “stuck” feeling after a bite of food (often meat/bread).
- Chest discomfort, gagging, retching.
- Drooling or spitting saliva if totally blocked.

• Refusal to eat certain textures over time (suggests chronic problem).

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

• Stop solid foods immediately.
• If your child can swallow: try small sips of water; do not force large gulps.
• Keep the child calm and upright.
• If symptoms resolve, still arrange follow-up because repeat episodes often indicate an underlying esophageal condition.

6) What NOT to do (common mistakes)

• Do not try to “push it down” with large chunks of food or fizzy drinks.
• Do not perform blind finger sweeps in the throat.
• Do not delay care if saliva cannot be swallowed or breathing is affected.

7) When to worry: triage guidance

• Emergency now: trouble breathing, bluish lips, severe distress.
• Same-day emergency department: drooling/cannot swallow saliva, severe chest pain, ongoing symptoms >30–60 minutes, vomiting blood.
• Routine appointment: any repeated food-sticking episodes, long-standing picky texture avoidance, or suspected EoE.
• Watch at home: mild episode that fully resolves quickly with the child back to normal — still book follow-up if it has happened more than once.

8) How doctors diagnose it (what to expect)

• History of episodes, foods involved, allergies/asthma/eczema history.
• If impaction persists: urgent endoscopy to remove food and evaluate the esophagus.
• If recurrent: planned endoscopy and biopsies to assess for EoE.

9) Treatment options

• Acute impaction: emergency assessment; endoscopic removal if needed.
• Underlying cause: EoE treatment plan, reflux management, dilation for strictures (specialist).

10) Expected course & prognosis

• Many children do well once the underlying cause is treated.

• Recurrent impactions should not be ignored — treat the cause to prevent repeat emergencies.

11) Complications (brief but clear)

• Aspiration (food entering airway).
• Esophageal injury or tearing (rare but serious).

12) Prevention and reducing future episodes

• Chew well, take small bites, drink sips between bites.
• Treat underlying EoE/reflux; follow specialist plan.

13) Special situations

• Children with known EoE: ask your specialist for an “impaction action plan”.
• Neurodevelopmental differences: supervised meals and texture planning.

14) Follow-up plan

• After any impaction, follow up with your clinician to assess for EoE or strictures.
• Bring details: food type, duration, drooling, prior episodes.

15) Parent FAQs

• “Is this choking?” Not always. Choking is airway blockage; food impaction is esophagus (child can usually breathe).
• “Should we go to ER?” Yes if drooling/cannot swallow or not improving quickly.
• “What causes repeat episodes?” Often EoE or narrowing — needs evaluation.

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

• NASPGHAN: Eosinophilic esophagitis resources (patient-friendly overviews).

- Children’s Hospital patient pages: food impaction/dysphagia guidance.
- American Academy of Pediatrics (HealthyChildren.org): choking and swallowing safety guidance.
- NHS: swallowing problems and when to seek urgent care.

Developed and reviewed

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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.