

Foreign Body Ingestion

Treatment	<p>Depends on symptoms, location, and nature of FB. General principles:</p> <ul style="list-style-type: none"> • Button batteries: EMERGENT GI/surgery consult, urgent endoscopic removal if esophageal or gastric, otherwise admit and close observation with serial XRs • Blunt objects (e.g. coins): GI/surgery consult if symptomatic, non-urgent endoscopic removal if esophageal, otherwise observation (consider admit vs. outpatient f/u) • Sharp objects: GI/surgery consult if symptomatic, urgent endoscopic removal if esophageal or gastric, otherwise admit and close observation with serial XRs • Magnets: 1 magnet? → treat like blunt object; 2 magnets? → remove if gastric or proximal, otherwise admit and close observation with serial XRs • Food Impaction: GI consult, consider glucagon, urgent endoscopic removal with biopsies to evaluate for EOE
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Laceration Repair

Equipment	<ul style="list-style-type: none"> • Basics: light, mask, sterile gloves & gown, betadine (or other cleansing solution) • Irrigation: sterile bowl, sterile water, 20-50 cc syringes with splash guard (all except water come in irrigation kit) • Local anesthesia or digital block • Suture tray (sterilized and packaged together): forceps, scissors, needle holder, hemostats, sterile gauze • Suture material: Nonabsorbable sutures (monofilament nylon, polypropylene) vs. Absorbable sutures (Vicryl, fast absorbing gut -- use for deep wounds and in small children when suture removal would be just as traumatic as placement <ul style="list-style-type: none"> ■ Sole of foot or over large joints (knee): 4-0 or 3-0 ■ Scalp, trunk, extremity: 4-0; Face: 6-0 or 5-0 • Alternatives to sutures: Dermabond (tissue adhesive) +/- Steri-Strips: use for linear wounds with minimal tension. No removal needed. Staples: Best for scalp wounds. Requires remover. <table border="1"> <caption>Table 7. Suture Selection.</caption> <tbody> <tr> <td>Face</td><td>5-0 to 6-0</td></tr> <tr> <td>Scalp</td><td>3-0 to 5-0</td></tr> <tr> <td>Chest</td><td>3-0 to 4-0</td></tr> <tr> <td>Back</td><td>3-0 to 4-0</td></tr> <tr> <td>Abdomen</td><td>3-0 to 4-0</td></tr> <tr> <td>Extremities</td><td>4-0 to 5-0</td></tr> <tr> <td>Joints</td><td>3-0 to 4-0</td></tr> <tr> <td>Oral</td><td>3-0 to 5-0 absorbable</td></tr> </tbody> </table>	Face	5-0 to 6-0	Scalp	3-0 to 5-0	Chest	3-0 to 4-0	Back	3-0 to 4-0	Abdomen	3-0 to 4-0	Extremities	4-0 to 5-0	Joints	3-0 to 4-0	Oral	3-0 to 5-0 absorbable
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General Technique	<ol style="list-style-type: none"> 1. Set-up your equipment 2. Local anesthesia <ul style="list-style-type: none"> • LET gel (lidocaine, epinephrine, tetracaine) – apply for 15-20 minutes (surrounding skin should be blanched) • 1% lidocaine (10mg/mL): onset 2-5 minutes, lasts 15-20 minutes. Toxic dose 5mg/kg (0.5cc/kg) • 1% lidocaine with epinephrine (1:200,000): onset 2-5 minutes, duration ~60 minutes. Do not use in digits, penis, pinna, tip of nose • Use buffered lidocaine if available (buffered with sodium bicarbonate) 3. Conscious sedation if needed 4. Wound preparation: Expose, explore (for foreign bodies), irrigate, clean periphery 5. Suture/Close <ul style="list-style-type: none"> • Simple interrupted - most common stitch, closes superficial layer • Deep subcutaneous - reduces tension of deep wounds • Buried horizontal dermal - closes deep layer in shallow lacs • Horizontal/vertical mattress- reinforce SC tissue, relieves wound-edge tension • Corner stitch - repair flap-type, corner lacerations 																