

**Pediatric Gastroenterology, Hepatology and Nutrition Research Center**  
Endoscopy Questionary Form for Foreign Body Ingestion and harmful objects

First Name:                      Family name:                      Age:                      Sex:                      Date of birth:                      Father name:  
Race:                      Patient National number:                      Father/ mother National number:  
Hospital file number:                      Phone / mobile number:                      Address:

**1 – Please fill the child growth and developmental status.**

Weight:	Height:	Head circumference:	BMI:	Z-Score:

**2- Please determine the status of neuropsychological development.**

Normal	Autism	Mental retard	Hyperactive	Depression	Other

**3-please determine the socio-cultural status of the family.**

Education status of parents	Illiterate	Junior School	Diploma	AA/AS	BA/BS	MA/MS	PhD/Doctor	job	Housewife
Father									
Mother									
Nurse care									
Another child care									

**4- please determine child care status.**

Two parents	Single parent Father care	Single parent Mother care	Nurse care	Grandmother /grandfather	Non-nurse care	Other

**6- please determine the type of ingested objects.**

**5 - please determine the characteristic of swallowed objects.**

Quality			Shape				Size				
Corrosive	Round	Sharp	Triangle	Rectangle	Square	Circle	Number	Diameter	Large > 5 cm	Moderate 2 -5 cm	Small < 2 cm
				Trapezius							

Coin	Disc Battery	Remote battery	Fruit's pit	Jewelry	Earing	Screw	Key	Magnet	Toy's part	Glass	pones
Meat	Bone part	Electronic parts	Hair clips	Wooden parts	Metal ball	Nails	Safety pin	Needle	Other		
Spoon	A+ battery	Chicken Bone	Fish Bone	Flash memory	Soil jelly	Fork	Eraser	Sequin			

**7- Can the swallowed body be detected on radiographs? please determine the location of swallowed objects.**

Clavicle	Upper esophagus	Middle Esophagus	Lower Esophagus	Stomach	Pyloric	Bulb	Duodenum	Post Duodenum

**8- please determine how swallowed objects occur.**

Accidental	Intentional	Swallowing seen	Swallowing not seen	Suicide	Child abuse	Other

**9- please determine the time interval between the swallowed objects and the time of endoscopy in the hospital.**

< 6 hr	6 – 12 hr	12 – 24 hr	24 – 72 hr	3 – 7 days	> 7 days	Other

**10- Please determine the duration of referral from the first visit by a doctor or health center to the hospital (in case of referral).**

Referred Hospital	< 6 hr	6 – 12 hr	12 – 18 hr	18 – 24 hr	24 – 72 hr	> 72 hr

**11- please determine by whom and how was the patient referred?**

Direct by parent	Emergency service 115	General physician	Pediatricians/ internist	Pediatric Gastroenterologist

12- Which of the following symptoms did the patient present with?							
Asymptomatic	Dysphagia	Sialorrhea	Nausea	Bloody vomiting	Vomiting	Refuse drinking	Refuse eating
Abdominal pain	Cough	Cyanosis	Decrease level consciousness	Chest pain	Refuse Drinking		
Respiratory distress	Fever	Chocking	Foreign body sensation	Irritability	Respiratory arrest		
Other .....			Dyspnea	Odynophagia	Irritability		

13- Which of the following findings does the patient have in the clinical examination?				
Asymptomatic	Irritability	Lethargy	Tachycardia	Tachypnea
Abdominal tenderness	Neck/ trunk crepitation	Oral cavity erythema	Oral cavity ulcer	Emphysema
Respiratory distress	Cyanosis	Chest pain	Chest burning	Peri oral ulcer
Skin burn	Sialorrhea	Vomiting	GI bleeding	Fever
Shock	Other ....			

**14- Endoscopic findings should be filled by a gastroenterologist.**

Organ damaged						
Vocal cord				Oropharynx		
Normal	Erythema	Ulcer	Perforation	Normal	Oral mucosal ulcer	Necrosis

Esophageal						
Normal	Erythema	Esophagitis grade A	Esophagitis grade B	Esophagitis grade C	Bleeding / Necrosis	perforation

Stomach					
Normal	Local erythema without necrosis	Diffuse erythema	Local erythema with necrosis	Diffuse necrosis without perforation	Diffuse necrosis with perforation

Duodenum						
Normal	Superficial erythema	Superficial small ulcer	Small deep ulcer	Large ulcer	Perforation	

**15- Please identify the acute complication of the foreign objects aspiration.**

No side effect	Esophageal perforation	Mediastinitis	Pneumothorax	Gastric perforation	Shock/death	Other
----------------	------------------------	---------------	--------------	---------------------	-------------	-------

**16- please identify the long-term outcome of the disease.**

No side effect	Gastrectomy	Esophagotomy	Esophageal stenosis need surgery	Esophageal stenosis treated balloon dilatation	Gastric Pull-up
----------------	-------------	--------------	----------------------------------	--	-----------------

**17- please identify the anesthesia measures.**

Anesthesia side effect			Anesthesia drugs			Without tracheal intubation
Apnea	Cardiac arrest	Transit hypoxia	Propofol	Midazolam	Sevoflurane	
Bronchospasm	Hypotension	Transit O2 sat drop	Etomidate	Atropine		<b>With tracheal intubation</b>
Tachycardia	Hypertension	Buking	Ketamine	Ondansetron	Epinephrin	
Bradycardia	Arrythmia	Seizure	Fentanyl	Lidocaine		
Urticaria	Flashing	Nausea				
Need intubation						

Please carefully complete and check the items requested in the questionnaire after taking the history, clinical examination and endoscopy by the expert treating personnel or physician, and in other items it's to be filled.

Reference:

1. Walker's pediatric gastrointestinal and liver disease 5edit;2008

2. Walker's pediatric gastrointestinal and liver disease 6edit;2018
3. Wyllie pediatric gastrointestinal disease. 5edit:2016:206-222.
4. Guide line for Foreign body ingestion. ESPGHAN