Episode Book

EPISODE #5489

When Your Toddler Swallows a Screw

PUBLISHED	23 September 2026 at 14:35 UTC
DURATION	21:17
LISTEN	myweirdprompts.com/episode/toddler-swallowed-screw-protocol/
HOSTS	Corn, Herman
SCRIPT MODEL	deepseek-flash
VOICES	chatterbox-regular (chatterbox-local)
PIPELINE	V5.2
BOOK GENERATED	19 October 2026 at 17:36 UTC

SYNOPSIS

A fifteen-month-old, a flat-pack wardrobe, and a screw that went missing — that's the scenario a listener wrote in about, and it turns out the answer splits in a way most parents never expect. A screw is a sharp object and gets you to the ER. A small smooth washer gets you a chair and a three-day wait. This episode walks through the actual pediatric foreign-body protocol: the swallow test, the size thresholds, the stool-check guidance, and why emetics, laxatives, and the old meat-tenderizer remedy are all actively discouraged. Then it turns to the third category sitting on every DIY workbench — magnets — where two small magnets are far more dangerous than one, and where caregiver awareness is startlingly thin. If you have a toddler and a toolbox in the same house, this is the episode to have already listened to.

TRANSCRIPT



Corn

Fifty thousand. That's how many times a kid under five swallowed something they shouldn't have, and got reported to the US poison data system in a single year. Peak age is six months to three. Fifteen months sits dead in the middle of that window.



Herman

And the thing that decides whether it's a phone call or a car ride is not the size of the object. It's the shape. Two things the same size, out of the same bag, get completely different answers.



Corn

Which is exactly what Daniel wrote in about. He and Hannah have been doing a lot of DIY since they moved apartment a couple of months ago, so there's still a diminishing stream of flat-pack furniture to assemble, with a fifteen-month-old in the house. He picked up magnetic parts holders for exactly this reason, a bench-top one and the little wearable ones that go on your wrist, so project parts have a home instead of a floor. Today there was a scare. A screw went missing from a wardrobe kit, and for a few frantic minutes they were both working out what they'd actually do if it never turned up. Hannah found it. But the question stayed with him.



Herman

Good. Because that's the version of the question that matters. Not the one where you know where it is.



Corn

Right. The found-it version is a relief. The never-turned-up version is the one you need a plan for. And he's also got two product questions. The first is magnetic sweeps, the ones with a magnet at the bottom, and whether they're useful here, with the safety use as the primary concern rather than the convenience. The second is magnetic reachers, for the many times a screw falls out of your hand and goes under something. And then the protocol itself. You're putting together a wardrobe accessory, it comes with a small selection of screws and washers, you're trying to keep a baby back, you turn your eye away for a second, and then you do a double take. You were certain there were three washers. Now there are two. What's the emergency protocol?



Herman

That's the one to start with. Everything else is downstream of it.



Corn

Agreed. So the protocol question is the one that actually matters at three in the afternoon on a Saturday with a screw unaccounted for. And the first thing to know is that it depends entirely on what kind of metal it is.



Herman

Two questions wearing one coat, this episode. There's a medical triage question, what do you do in the sixty seconds after the double take, and there's a tooling question, do magnets help and where do they stop helping. They're related but they're not the same problem, and mixing them up is how people end up buying the wrong thing.



Corn

The scale first. Over fifty thousand pediatric foreign-body ingestions in under-fives reported to the US National Poison Data System in 2022. Peak age six months to three years. A fifteen-month-old is the bullseye of that distribution, not near it.



Herman

Which is why this isn't a theoretical episode for Daniel. And here's the irony we should flag now and pay off later. The same magnet technology that contains parts on a workbench is the single most dangerous thing a child can swallow two of. One magnet is a problem. Two magnets is a different category of problem entirely.



Corn

Hold that. So containment at the source, the parts holders he already bought, is the primary control. Sweeps and reachers are secondary cleanup. That's the right instinct and he got there before we did.



Herman

He did. Now the medicine. And this is where the screw and the washer split apart.



Corn

Same drawer. Same kit. Same size, roughly. Walk me through it.



Herman

A screw is classified as a sharp or pointed object. The pediatric guidance from the American Academy of Pediatrics lists needles, pins, pushpins, tacks, nails, screws, toothpicks. Those most need urgent removal, because a sharp object can become stuck and lead to a puncture in the digestive tract. The instruction for a sharp or pointed object is not watch and wait. It's go to the emergency room now.



Corn

And a washer.



Herman

A washer is a small blunt object. Non-sharp. For small smooth objects under half an inch, twelve millimeters, with no symptoms, home observation is reasonable. The object typically passes in two to three days.



Corn

So a screw gets you to the ER. A washer from the same bag gets you a chair and a wait.



Herman

And the parents almost certainly don't know that. They see two pieces of metal the same size and assume it's the same problem. It isn't. The classification is doing all the work.



Corn

Which is why the swallow test matters. That's the triage heuristic, and it's the thing you can actually do in the moment. Give water. If they swallow it easily, give bread. If the child swallows bread and water well, a normal diet is safe. If they can't swallow water or bread, if they gag, drool, refuse food, or have throat, chest, or stomach pain, that's an ER trip.



Herman

That's the test I'd want a parent to have memorized. It's not a diagnosis. It's a way of sorting yourself into the right lane in under a minute. If the child is swallowing normally, you're probably in the observation lane. If they aren't, you're not.



Corn

And it's worth saying why that test works, because it's not arbitrary. The esophagus is the narrow part. If something's lodged there, swallowing is the first thing to break. So you're not testing the object, you're testing the pipe.



Herman

And a kid who's swallowing bread and water comfortably is telling you the pipe is clear, whatever's already gone past. That's the signal you want.



Corn

Size threshold.



Herman

Objects one inch or larger, twenty-five millimeters, often cause problems and can lodge in the esophagus. And children under two are at increased risk of objects getting stuck, which is the fifteen-month-old again.



Corn

So the washer is small, smooth, under half an inch, and the kid is swallowing fine. That's a chair and a wait.



Herman

And a stool check. For larger or non-smooth objects, you check the stools. The guidance here is grim and specific and I'm going to give it to you exactly as it is. Have the child poop on paper and slice it with a knife until the object is found. If it hasn't passed in seventy-two hours, get an x-ray.



Corn

Three days of that.



Herman

Three days. Well, three days if nobody finds it sooner. And that's the point at which imaging becomes the answer rather than the wait.



Corn

First call though. Before any of this.



Herman

Poison Control. In the US that's 1-800-222-1222. In Australia, 13 11 26. Their own guidance is that most swallowed objects pass without trouble, but the call is how you triage which category you're in. It's a free call staffed by people whose entire job is this exact question, and it's faster than the internet.



Corn

Now the part that will get people in trouble. The home remedies.



Herman

Emetics, laxatives, muscle relaxants, meat tenderizers. All of them ineffective, and some of them may be harmful. Laxatives are unproven and shouldn't be used without specialist input. The instinct to help the object along is exactly backwards.



Corn

The meat tenderizer one is fascinating. That's an old folk remedy. Somebody's grandmother did it.



Herman

Somebody's grandmother did a lot of things. This one can hurt the kid. And the reason it's dangerous is that meat tenderizer is a proteolytic enzyme, papain or bromelain, and the theory was it would break down the object. But there's nothing for it to break down with metal, and meanwhile it's an irritant to the lining of the esophagus and the stomach. So you've added a chemical injury on top of a mechanical one. That's the worst kind of folk remedy, the kind that has a plausible-sounding mechanism attached to it.



Corn

And people trust plausible mechanisms.



Herman

They do. That's why the emetic thing persists too. Syrup of ipecac used to be in every medicine cabinet. It was recommended for decades. And then the evidence caught up with it, and now it's actively discouraged because it doesn't reliably empty the stomach, it delays the actual treatment, and it can cause aspiration if the child vomits and inhales. So the thing your mother was told to do is the thing you should not do.



Corn

And the honest ambiguity. Because this is where I want you to be straight with me, because the guidance isn't clean.



Herman

It isn't. Even the AAP guidance admits doctors don't always agree on harmless smooth objects. There are three different accepted approaches. Do nothing. X-ray. Check the stools. All three are defensible depending on the clinician and the object, and none of them is wrong. I'd rather say that out loud than pretend there's one protocol when there are three.



Corn

Which is uncomfortable for a parent who wants a flowchart.



Herman

It's uncomfortable for the clinician too. But the base rate is reassuring. Most foreign bodies pass spontaneously. Only ten to twenty-five percent require endoscopic retrieval. So the odds are heavily in your favor, and the protocol exists to catch the minority where they aren't.



Corn

So the answer to the double take. Three washers, now two. What's the first five minutes?



Herman

Call Poison Control. Describe the object. Screw or washer, sharp or blunt, size, and whether the child is symptomatic. If it's a screw, you're going to the ER. If it's a small smooth washer and the child is fine, you're observing and checking stools. Either way the call comes first, because the person on the other end is going to ask you the exact questions that sort you into the right category, and you're not going to remember them under adrenaline.



Corn

That's the sharp versus blunt split. But there's a third category that isn't sharp or blunt, and it's the one Daniel's workbench is full of.



Herman

Magnets.



Corn

Because the parts holders he bought to solve this problem are made of the thing that creates the worst version of it.



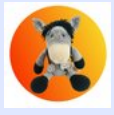
Herman

The magnet category is counterintuitive. The danger is specifically about multiple magnets, or a magnet plus another metal object. Two or more magnets can attract each other across bowel walls. They find each other through tissue, and they clamp. That causes pressure necrosis, perforation, peritonitis, fistula formation, obstruction. A single small magnet is far less dangerous than two.



Corn

The clamp. That's the mechanism. They don't just sit there, they pinch the bowel between them.



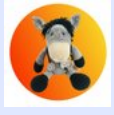
Herman

And the tissue between them dies. That's the pressure necrosis. Then it perforates, and then you're in surgery. And magnets and batteries carry a higher likelihood of requiring endoscopic or surgical intervention, and they're more frequently associated with bowel resection or multiple operations. That's the part people don't know.



Corn

How badly don't they know it?



Herman

There's a caregiver-awareness study published this year. Of one hundred and ninety-two caregivers, sixty-six percent identified swallowing as a hazard. Only thirteen percent knew that attraction between magnets can cause bowel injury.



Corn

Thirteen.



Herman

Thirteen. So two-thirds of parents are worried about the right thing and almost none of them know why the magnet version is different. That's the number I'd sit on. The fear is correctly placed and the mechanism is completely unknown.



Corn

And the timing windows for the high-risk objects. Because this is where minutes matter.



Herman

Coins, magnets, or sharp foreign bodies lodged in the esophagus should be removed within two hours if the child is symptomatic, and within twenty-four hours if they're asymptomatic. And button batteries in the esophagus are an emergency regardless of symptoms.



Corn

Button batteries are the worst case, and they deserve their own beat because they're in everything.



Herman

They can burn through a child's esophagus in as little as two hours. They can be confused with coins on an x-ray, and the distinguishing sign is a double rim, a circle within a circle on the front view. If you suspect a button battery, that's the ER, and there's a first-aid step on the way. Honey, ten milliliters, two teaspoons, every ten minutes en route to the ER. Only for children twelve months and older.



Corn

Fifteen months clears that threshold.



Herman

It does. A younger sibling wouldn't. That's an age trap worth knowing, because the honey tip gets repeated without the age qualifier and it's not safe below twelve months.



Corn

Why honey?



Herman

The mechanism is that honey coats the battery and slows the electrolysis that generates the hydroxide that burns the tissue. It's a buffer, essentially. It buys time. It doesn't fix anything, it just reduces the rate of injury on the drive in. And the ten-milliliter dose is specific because that's what the studies used. It's not a spoonful, it's a measured dose, repeated every ten minutes. And it only applies to the battery case. If you've got a screw or a washer, honey does nothing.



Corn

Now the tooling. Because Daniel asked specifically about the sweep, and I want the honest answer, not the satisfying one.



Herman

The honest answer is that magnetic sweeps are real, cheap, and effective at pulling ferrous debris off floors. Typical specs, fifteen to twenty-two inch sweeping widths, pull capacity from about nine pounds up to thirty-five, telescoping handles from fifteen to thirty-nine inches, one-pull release mechanisms. Price range roughly thirty to a hundred and four dollars. Harbor Freight sells a twenty-two inch floor sweeper with a release that pulls about nine pounds. Their thirty-inch model with wheels is about a hundred and four dollars.



Corn

So they work.



Herman

They work. But here's the caveat, and I want to be precise about it. I found no source that markets a magnetic sweep specifically as a child-safety device. They're sold for garages, roofing, construction sites, workshops. The use case is picking up nails and screws and shavings so you don't puncture a tire or step on a nail. The child-safety use is a reasonable repurposing. It is not a documented product category.



Corn

So the framing is ours, not the manufacturer's.



Herman

It's ours. And it's a defensible inference. A thirty to a hundred dollar sweep that clears a hard floor of ferrous debris is a legitimate secondary control. But nobody is selling it to you as baby-proofing, and you shouldn't buy it expecting a guarantee it doesn't come with.



Corn

What does it miss?



Herman

It works on hard floors and low carpet. It won't reliably clear a shag rug. And it only catches ferrous metal. Not brass, not aluminum, not plastic parts. So if the washer in the kit is brass, the sweep doesn't see it. That's a real limitation for a product being sold as a safety measure.



Corn

And that's not a small caveat, because the specific object in Daniel's scare was a screw, and screws are usually steel, so the sweep would catch it. But the washers in a lot of flat-pack kits are zinc-plated or brass. So the sweep catches half the problem.



Herman

Half the problem, on the best day, on a hard floor. Which is why I keep coming back to the parts holder. The holder doesn't care what metal the washer is. It holds everything.



Corn

The reacher is a different question though, because the use case is different. That's the everyday dropped-screw retrieval, not the safety case.



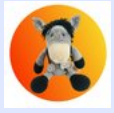
Herman

Completely different, and I'd buy one without hesitating. Telescoping magnetic pickup tools are cheap and widely available. Pull capacities from one and a half pounds up to forty. Reach from about five inches to thirty. There's a forty-pound VSKIZ model with a removable head and a seven to thirty inch reach. General Tools makes a thirteen to twenty-seven inch model at five pounds. A three-pack from KITEVICH runs up to about fifteen pounds each.



Corn

Failure mode.



Herman

Cheap telescoping shafts flex and bend under load, and that makes precise retrieval frustrating. You're trying to fish a screw out from under a cabinet and the shaft bows instead of reaching. Buy one with a stiffer shaft and a locking mechanism. That's the whole difference between a tool you use and a tool you swear at.



Corn

A few dollars for the reacher. Thirty to a hundred for the sweep. And the parts holders he already has, which are the primary control.



Herman

Containment at the source. That's where the leverage is. Poison Control and the clinical guidance both emphasize keeping small objects out of reach, and there's a line I like from Poison Control. Look at your home from your child's eye level, to spot the items you need to move up and out of sight. And the self-care advice is to check floors and carpets more often and pick up anything that could be swallowed.



Corn

Which is the unglamorous answer. The sweep is the fun purchase. The eye-level walkthrough is the one that actually changes the odds.



Herman

And the parts holders he bought before any of this happened are the right answer. The sweep is cleanup. The holder is prevention. He got the order right.



Corn

The thing I keep coming back to is that the magnet is doing both jobs. It holds the parts on the bench and it's the worst thing in the drawer if it gets into the kid.



Herman

Same material. One is a containment device, one is a surgical emergency, and the difference is whether there are two of them.



Corn

Counting them used to be my job.



Herman

Sorry?



Corn

Counting them. I worked a stint in a hardware shop that did flat-pack assembly as a service. Part of the job was counting the fixings back into the bag at the end of a build. You'd get a wardrobe kit with the little cardboard divider tray, and the tray always ships one washer short of comfortable. Always. You finish the build and you've got one washer left over and no idea where it was supposed to go, or you're one short and you're crawling around on the floor looking for it.



Herman

So you've done the count.



Corn

Thousands of times. And I'll tell you the thing that surprised me. Most of the time the missing part isn't missing. It's in the furniture. I once found a screw in a customer's assembled wardrobe that had been sitting loose inside the carcass for months. Months. The customer was convinced their kid had swallowed it. They'd already been to the hospital. X-rays, the whole thing. And the screw was in the wardrobe the entire time, rattling around in a gap in the panels.



Herman

That reframes the whole scare.



Corn

It does. The missing part is usually not in the child. It's in the furniture. So before you drive to the ER, take the wardrobe apart. Or at least look in the gaps.



Herman

That's a useful thing to say to a parent mid-panic.



Corn

On the sweep, I'll correct one thing. It's not a baby-proofing device. It's a tire-puncture device that happens to work on a kitchen floor. I've watched people buy them expecting a guarantee they don't come with. The one I'd actually trust is the wrist magnetic holder, because it keeps the parts on the adult rather than on the floor. The parts never reach the floor, so there's nothing to sweep.



Herman

Containment beats cleanup.



Corn

Every time. Anyway. I've got an appointment I'm already late for. I'll be back at the desk in a bit.



Herman

He does that.



Corn

He does. So where does that leave us? The caregiver knowledge gap is thirteen percent on magnets. How much of the rest of the protocol is equally unknown? If two-thirds of parents know swallowing is a hazard and almost none of them know why two magnets are different from one, what else is sitting in that gap? And does the fact that the guidance itself is ambiguous on smooth objects make it harder or easier to teach? Three accepted approaches is honest, but it's not a flowchart, and parents want a flowchart.



Herman

And the tension isn't going away. Magnet ingestion has risen in the US over the past two decades, particularly in under-fives. The products that contain parts and the products that endanger children are made of the same material. That's not a problem anyone is going to design their way out of.



Corn

Thanks as always to Hilbert Flumingtop, who produces the show and who has opinions about cardboard divider trays that we did not get to.



Herman

This has been My Weird Prompts.



Corn

If you've got a prompt of your own, email us at show at my weird prompts dot com. We read everything.



Herman

We'll be back soon.



Corn

See you tomorrow.