**Button Battery Ingestion: ED Management**

*(see [Button Battery Ingestion Clinical Practice Guideline](#) for complete recommendations)*

### If Active and/or Sentinel Bleed, Esophageal Perforation, Patient Clinically Unstable:
- MTP Activation
- Emergent General Surgical Consult
- Include Cardiothoracic/Vascular Surgery
- Transfer to ECH PICU

### Patient presents with known or suspected Button Battery (BB) ingestion

For ingestion <12 hours:
- ≥12 mo. give honey 10 ml PO Q10 min
- <12 mo. give Carafate 1g PO Q10 min

**Keep patient NPO (except honey/Carafate)**

Obtain Foreign Body Series per radiology protocol

Determine size and location of BB

If button battery is located beyond the pylorus, guideline does not apply, consult GI

### For all known or suspected BB ingestions (<12 hours) that are called-in or transferred to the ED, recommend immediate administration of oral Honey (or Carafate) per ED CIP 5.10

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**ESOPHAGEAL**

**SR – Consult GI Immediately and notify GI Fellow**

**GASTRIC**

**Consult GI Immediately**

**Emergent Removal**

**Goal Is Removal Within 2 Hours**

**Endoscopic Removal**

#### GASTRIC

**Consider D/C If All Criteria Met:**

- Consult GI prior to D/C
  - Symptomatic
  - BB <15 mm in size
  - Patient ≥ 7 years old
  - Otherwise healthy patient

**Outpatient/Inpatient management as recommended**

- Patient to return if symptomatic

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**APPEAR**

- Oral or nasogastric administration of cathartics

**Non-Indicated**

- Do not induce vomiting or give cathartics

**Symptoms of BB ingestion include:**

- Occult or visible bleeding, persistent or severe abdominal pain, vomiting, signs of acute abdomen and/or fever, and/or profoundly decreased appetite (unless symptoms unrelated to battery ingestion)

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### 2 Suspect Button Battery (BB) Ingestion

- Patient with abrupt onset of any one of the following: refusal of oral intake, difficulty swallowing, chest pain, drooling, airway obstruction, or wheezing or stridor without typical prodromal symptoms of viral illness.
- Presumed "coin" shape ingestion.
- For patients presenting to an Urgent Care center with BB ingestion, immediately begin Honey/Carafate and contact Transfer Center for Emergent transfer to ECH or SR.
- Batteries located in the esophagus may be asymptomatic initially. Do not wait for symptoms to appear. Serious burns can occur within 2 hours.
- Do not induce vomiting or give cathartics.
- Consult the National Battery Hotline at 800-498-8666 (or 202-625-3333) as needed for assistance in battery identification & patient management.

### 3 Radiology

- For all suspected BB ingestions, Foreign Body Series to include: AP x-ray nose to rectum & lateral x-ray neck. If circular metallic foreign body identified in chest, obtain lateral x-ray of chest to evaluate position of negative battery pole.

### 6 Outpatient Management

- Button batteries that have cleared the stomach usually pass the GI tract within 1 week without complications.
- Anticipatory guidance to include close monitoring for bloody emesis, melena, cough, and fever, and/or abdominal pain.
- Patients with symptoms of abdominal pain, hematochezia, or fever should seek immediate medical attention for emergent x-rays.
- Prompt surgical removal is indicated for symptomatic patients with radiographic confirmation of a retained intestinal Button Battery.

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**Esophageal Emergent Removal:**

**Scottish Rite**: The GI group will retain the primary responsibility for removal of the battery and making immediate post removal decisions (including involvement of Surgery and transfer to ECH PICU).

**EG**: The surgeons will be called by the ED and will be primarily responsible for the removal. The ED will also notify the GI fellow on call as well and ideally, the procedure will be a joint procedure between Surgery and GI.

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