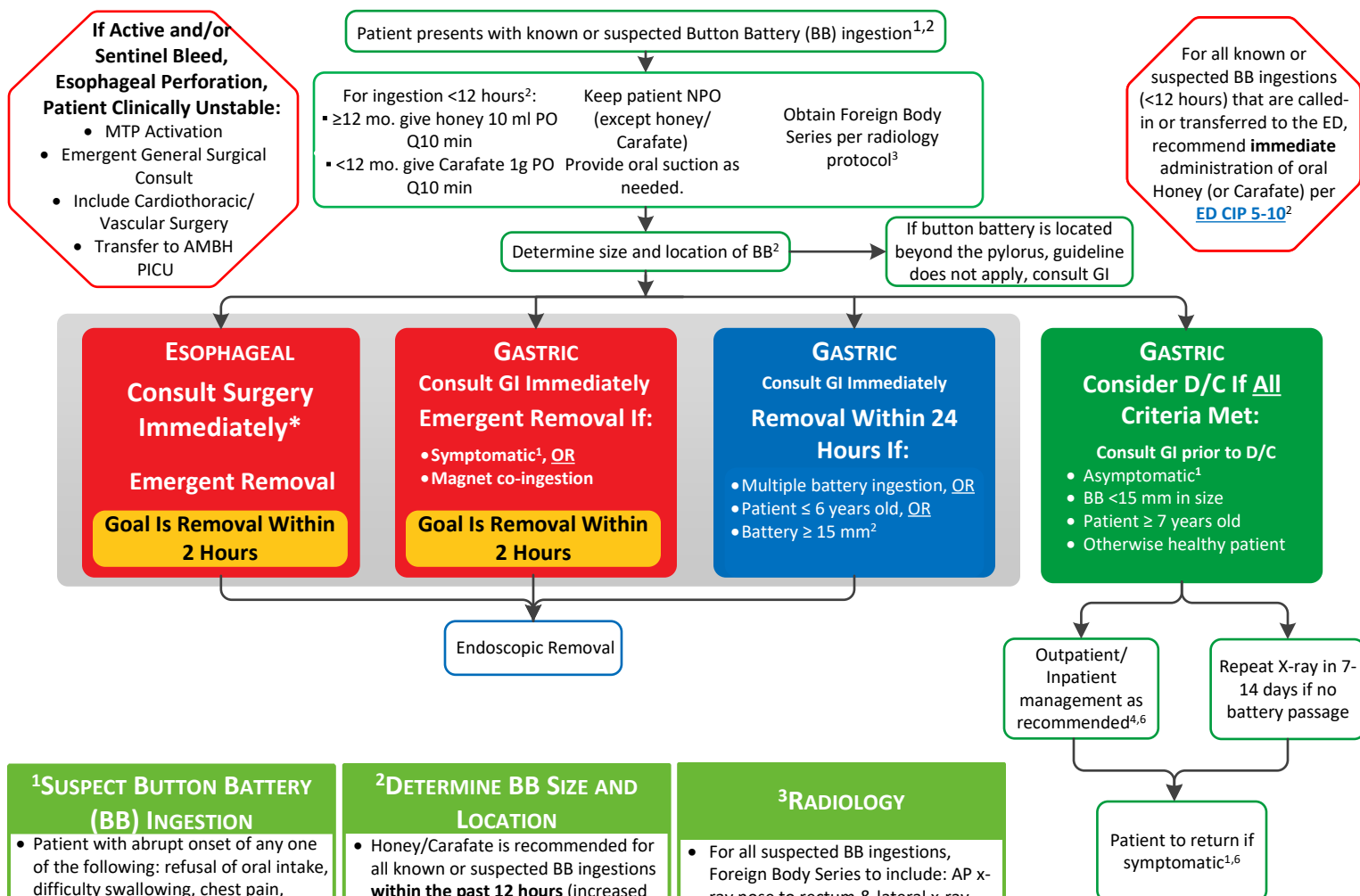


# Button Battery Ingestion: ED Management



(see [Button Battery Ingestion Pathway](#) for complete recommendations)



## <sup>1</sup>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 AMBH 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

**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)

## <sup>2</sup>DETERMINE BB SIZE AND LOCATION

- Honey/Carafate is recommended for all known or suspected BB ingestions **within the past 12 hours** (increased risk of esophageal perforation if >12 hours). See [ED CIP 5-10: Patients Presenting with Suspected Foreign Object](#)
- Begin honey/Carafate once BB ingestion suspected. If X-ray shows **esophageal location**, continue until patient reaches the OR. Discontinue if battery located in the stomach.
  - If ≥12 mo. give honey 10 ml PO Q10 min, max 6 Doses\*
  - If <12 mo. give Carafate 1g PO Q10 min, max 3 doses\*
- **\*May exceed max doses per MD order**
- 1 honey packet (9.2 ml) is acceptable substitute for 10 ml dose
- Chemical content & diameter of the BB can be determined from imprinted code found on the battery case
- Assume hearing aid batteries are <12mm
- Cylindrical batteries pose a lower threat for caustic damage after ingestion than BB, but due to their size may become trapped in the stomach. Any cylindrical battery ingestions warrant prompt x-ray evaluation & urgent endoscopic removal if located in the esophagus.
- Removal of gastric BB <15mm at the discretion of consulting provider

## <sup>3</sup>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.

## <sup>6</sup>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**

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