

Button Battery Ingestion

Clinical Practice Guidelines

Suspected button battery ingestion

VERSION
04/01/2025

PRE-HOSPITAL

For ingestion <12 hours:
≥12mo. Give honey 10mL PO Q10 min
<12 mo. Give Carafate 1g PO Q10 min
Keep patient NPO (except honey/Carafate)
Provide oral suction as available

ED

Priority placement; notify Pediatric ED Attending & Staff leader
Obtain STAT foreign body series radiologic study if not already completed
Determine size and location of button battery

Pre-Op

If Active and/or Sentinel Bleed, Esophageal Perforation, Patient Clinically Unstable, hematemesis or hematochezia or melena:

- STAT Pediatric Surgery Consult
- STAT CBC, coag, type & cross
- Activate MTP
- Assume aorto-enteric fistula and emergently prepare OR with Peds Surg/CT surgery/IR/ENT. Consider ECMO on standby.
- CTA at discretion of surgical team prior to OR

LEVEL 1 to OR

ESOPHAGEAL

STAT Pediatric Surgery Consult
Consider CTA for button batteries ingested >12 hrs ago
EMERGENT REMOVAL

Goal is Removal
Within 1 Hour

Attending Surgeon notifies Anesthesiologist in Charge (AIC) or Anesthesiologist on-call
Pediatric Surgery notifies OR board

Emergent Endoscopic Removal
* Case to be placed in OR 11 (back up location OR 5) if possible

Evaluate Esophageal Damage
Flush with 50-150mL sterile 0.25% acetic acid if no evidence of esophageal perforation

Consider bronchoscopy if concern for airway involvement.

GASTRIC WITH CO-MAGNET INGESTION OR WITH SYMPTOMS

STAT Pediatric Surgery Consult
EMERGENT REMOVAL

Goal is Removal
Within 1 Hour

Attending Pediatric Surgeon to contact subspecialty Attending Surgeon/Proceduralist to confirm assistance requested

GASTRIC AND BUTTON BATTERY > or = 20mm AND patient ≤6YO

Endoscopic Removal

GASTRIC AND BUTTON BATTERY <20mm AND patient >6YO AND patient ASYMPTOMATIC

PO Trial
Discharge once tolerating PO
Follow up x-ray in 4 days

*Consider endoscopy or esophagram for button batteries >15mm and ingested >12 hours ago to evaluate for esophageal injury prior to discharge.

Follow up with Pediatric General Surgery in 4 days for repeat X-ray to confirm passage

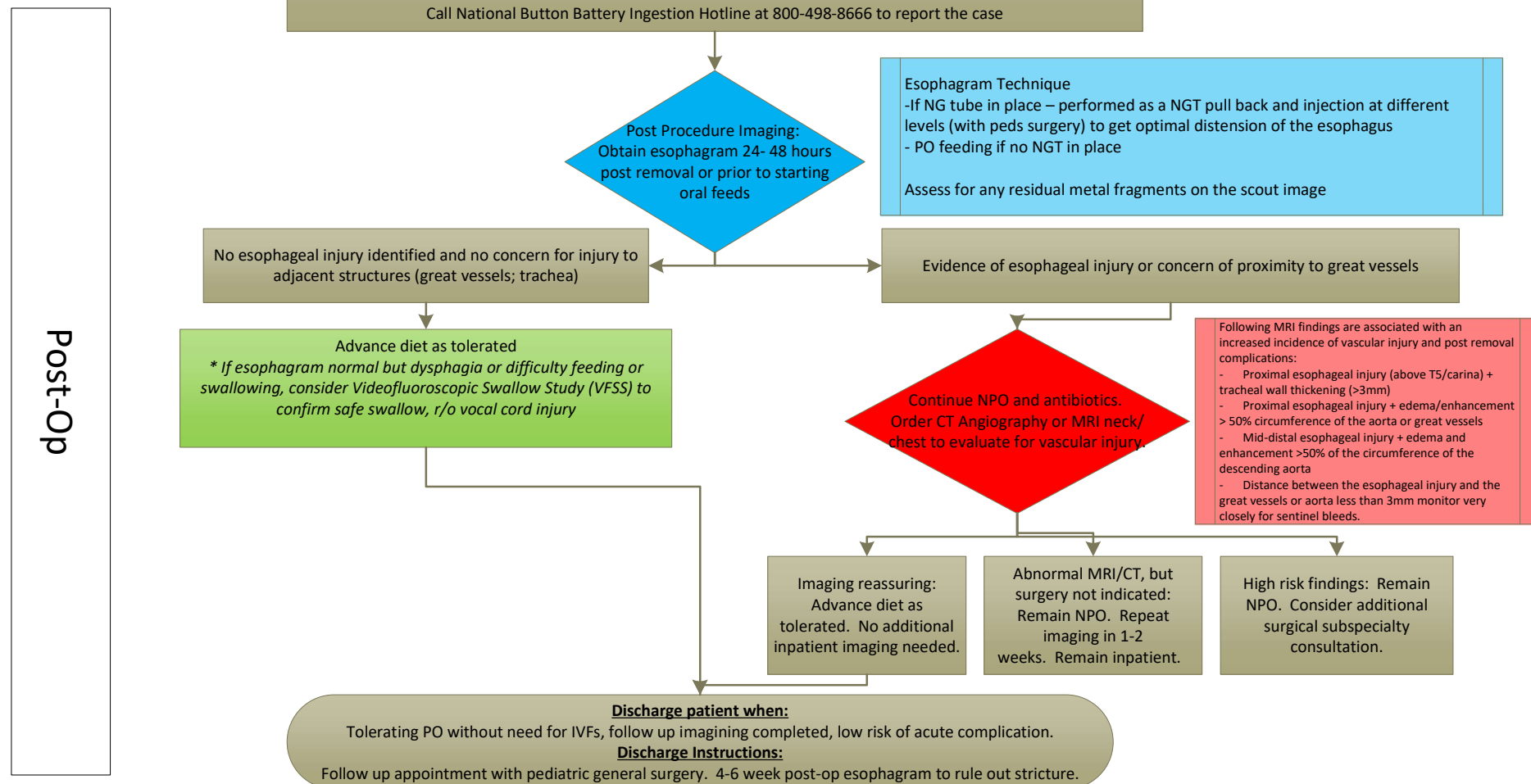
Patient return to ED if symptomatic

Intra-Op

Button Battery Ingestion

Clinical Practice Guidelines – Page 2

VERSION
04/01/2025



References:

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