



Button Battery X-Ray appearance:

- Double-rim or Halo effect on AP view
- Step-off on lateral view

Patients at OUTSIDE FACILITIES with ESOPHAGEAL BATTERY:

Prior to transfer:

- Ask Communication (COMM) Center to send the "Button battery suspected/confirmed" group page

AND recommend ONE of the following:

- Sucralfate (Carafate) suspension 10ml PO q10 min x 3 doses (if tolerating PO)
- Pts > 12 mos only: Honey 2tsp/10ml water q10min x 6 doses

Upon arrival (all metallic FB patients)

- Give disc to ED Service Rep, ask that images be uploaded to Life Image STAT for viewing
- If there is no disc AND no Life Image upload: OBTAIN STAT XR Coin/BB/Magnet (see pathway)

EMERGENCY DEPARTMENT PROCESS:

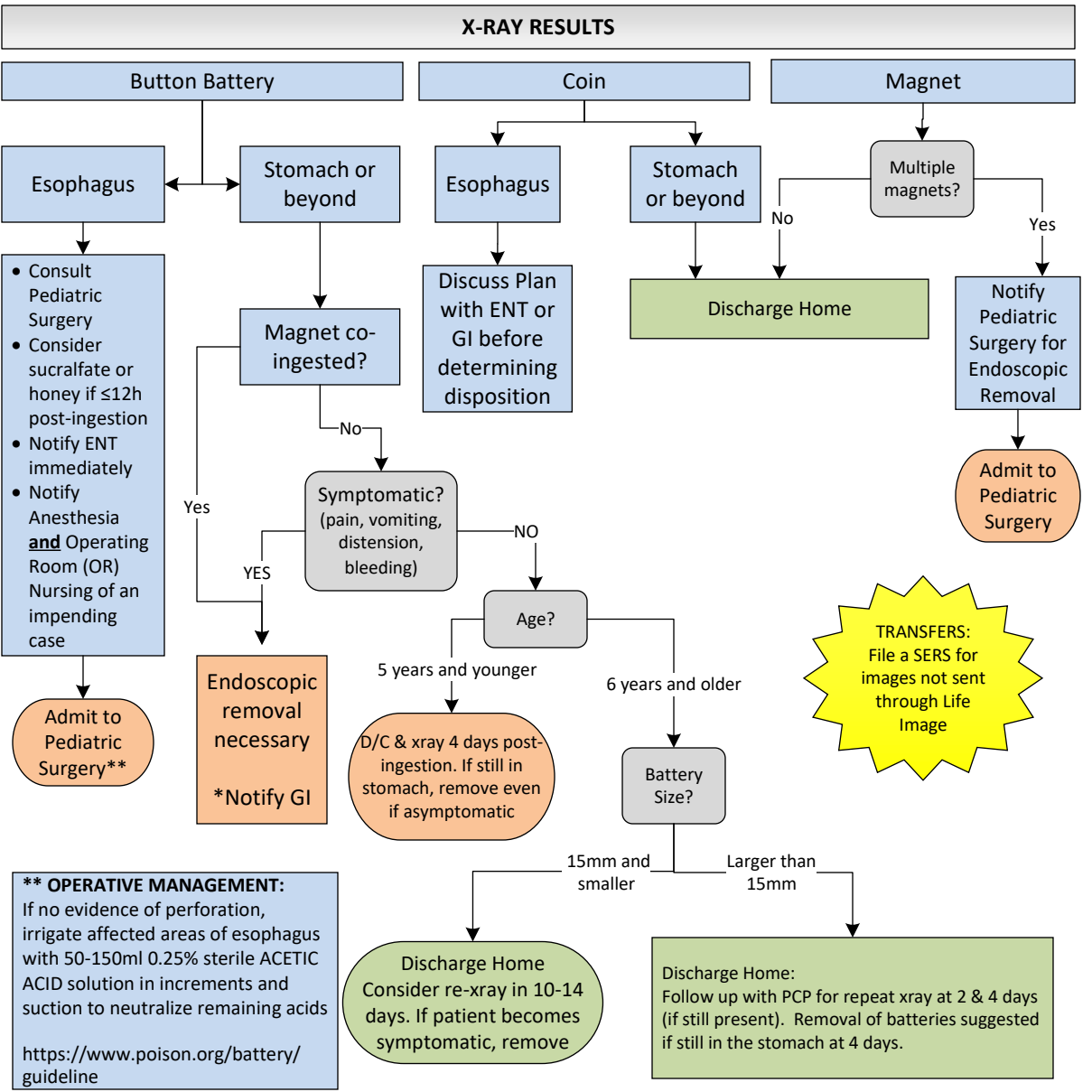
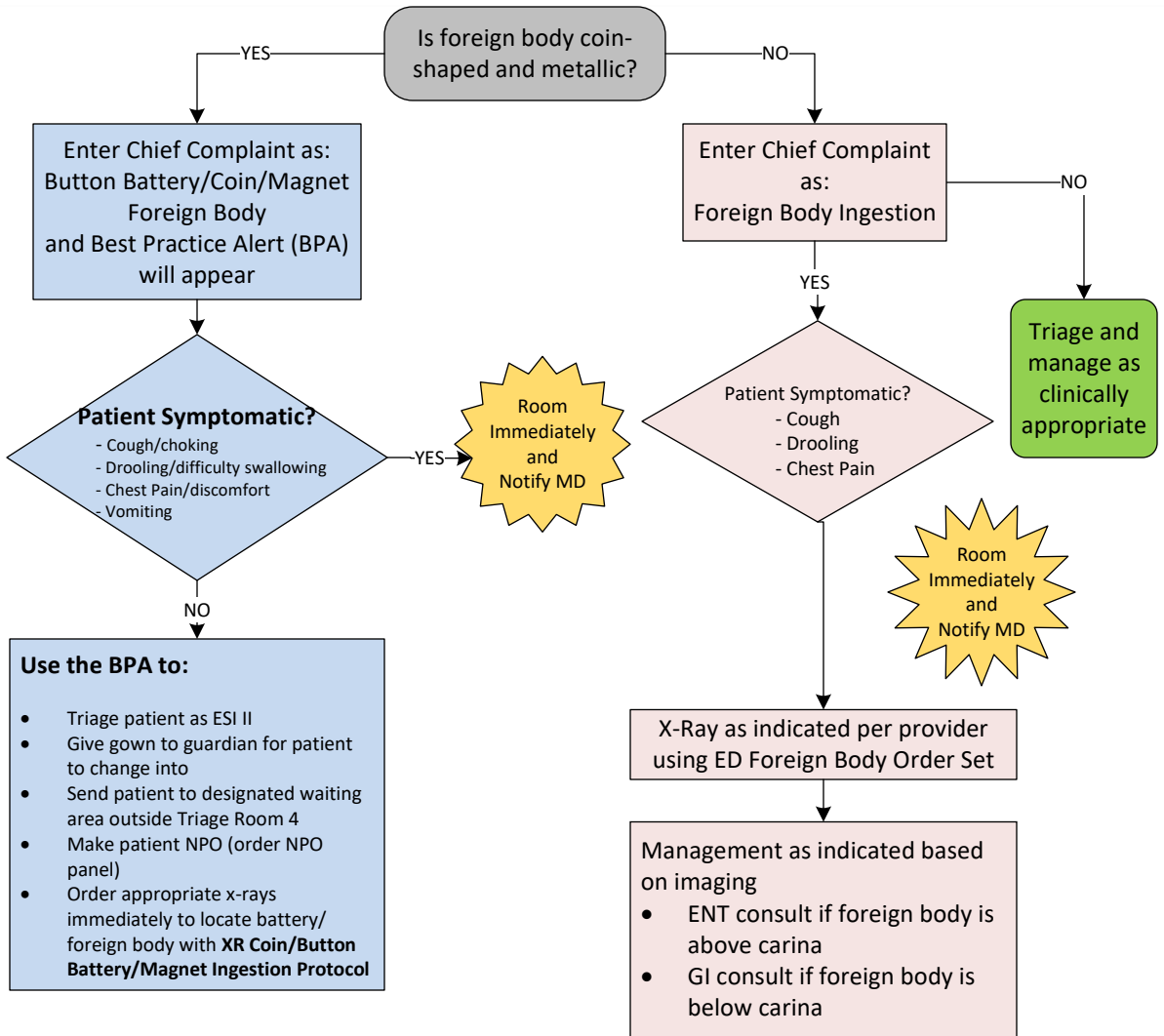
Note: an automatic page is generated for the imaging technician when the order "XR Coin/Button Battery/Magnet Ingestion Protocol" is used.

Even if asymptomatic, **all esophageal** batteries require removal. For more information see recommendations from the **National Poison Center**: <https://www.poison.org/battery/guideline>

PROVIDERS: Report case to **National Battery Ingestion Hotline**: 1-800-498-8666

Provider should also consider reporting these incidents to the Consumer Product Safety Commission to assist in data gathering. www.saferproducts.gov

Discharge Home: all patients discharged home are advised to schedule a follow-up appointment with their PCP in 48 hours.



**** OPERATIVE MANAGEMENT:**
If no evidence of perforation, irrigate affected areas of esophagus with 50-150ml 0.25% sterile ACETIC ACID solution in increments and suction to neutralize remaining acids
<https://www.poison.org/battery/guideline>

TRANSFERS: File a SERS for images not sent through Life Image



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ESOPHAGEAL BATTERY:**

Prior to transfer:

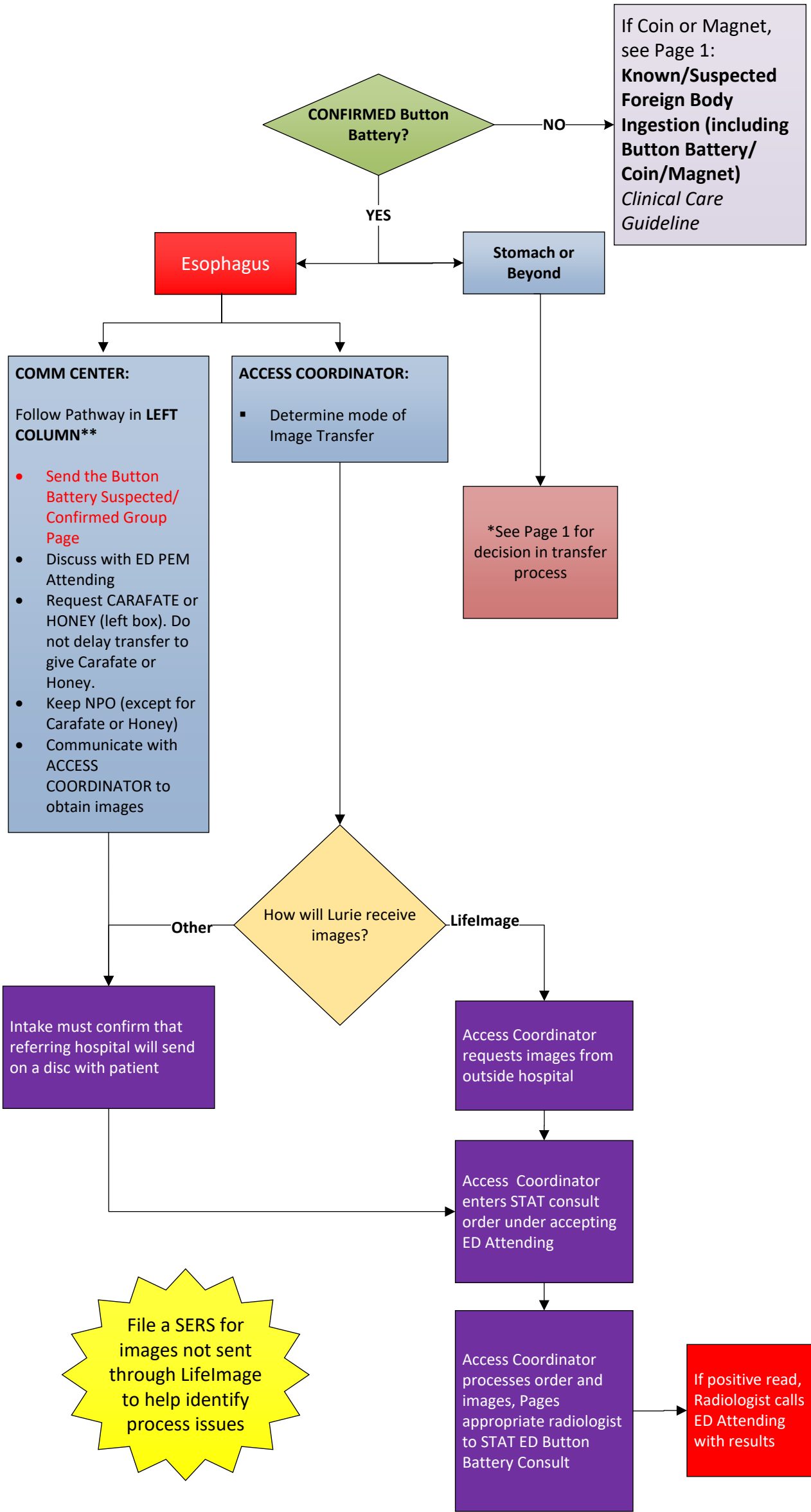
- Instruct facility to upload images (see process) AND send a copy of imaging on a disc
- Send the “button battery suspected/confirmed” group page (Anesthesia Coordinator, OR charge RN, ENT resident)

**IF patient can tolerate
PO, recommend one of
the following**:**

- **Pts any age:** Sucralfate (Carafate) suspension 10ml PO q10 min x 3 doses (if tolerating PO)
- **Pts > 12 mos only:** Honey 2tsp/10ml water q10min x 6 doses

Group Page Content:

- **Description:** “Button Battery Confirmed” or “Button Battery Suspected”
- **Transfer site**
- **ETA:** Time patient expected to Lurie
- **Image Status:** available/not available
- If available, include **MRN**
- **Callback #:** ED Pod 1 Attending (if needed – otherwise no callback necessary)





References

- <https://www.poisson.org/battery/guideline> - National Capital Poison Center Button Battery Ingestion Triage and Treatment Guideline (2023)
- Speidel, A.J., Wölfle, L., Mayer, B. et al. Increase in foreign body and harmful substance ingestion and associated complications in children: a retrospective study of 1199 cases from 2005 to 2017. BMC Pediatr 20, 560 (2020). <https://doi.org/10.1186/s12887-020-02444-8>
- Kramer, et. Al. Management of Ingested Foreign Bodies in Children: A Clinical Report of the NASPGHAN Endoscopy Committee. JPGN ? Volume 60, Number 4, April 2015. DOI: 10.1097/MPG.0000000000000729

Contributors

Clinical Leads:

Jennifer Lavin, MD
Jacqueline Corboy, MD
Steve Krug, MD

Key Members:

Yiannis Katsogridakis, MD
Robert Newmyer, MD
James Donaldson, MD
Mariam Kappil, MD
Dana Thompson, MD
Jeff Rastatter, MD
Fizan Abdullah, MD
Santhanam Suresh, MD
Julia Grabowski, MD
Lisa Sohn, MD
Kimberly Denicolo, RN
Audre Pocius, RN
Katherine Nickele, RN
Laura Westley, RN
Lexi Lennox
Aranee Ticzon, RN
Kim Pham
Manisha Patel, RN
Naomi Sullivan, RN

Contact & Version History

“If you would like to request updates, revision or further discussion, please contact Dr. Jackie Corboy at jcorboy@luriechidrens.org.”

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