Guideline for known or suspected button battery ingestion

At Triage:
Make NBM & arrange urgent CXR and AXR

Batteries lodged in oesophagus can cause severe burns in 2 hours

Was a magnet co-ingested?

NO

Battery in oesophagus?

YES

Immediately remove batteries lodged in oesophagus. Do not delay because patient has eaten.

Endoscopic removal is recommended as allows direct visualisation of tissue injury:

Note extent, depth and location of tissue damage, and position of battery and direction of negative pole. Remember the “3 N” rule:

Negative-Narrow-Necrotic. The negative battery pole, identified as the narrowest side on lateral X-Ray caused the most severe necrotic injury.

Refer to full guideline for management post-removal.

YES

Do not wait for symptoms. Urgently remove endoscopically.

If in stomach remove endoscopically even if symptoms appear minor. If battery is beyond reach of endoscope, surgical removal is reserved for unusual patients with:

- occult or visible bleeding
- persistent or severe abdominal pain
- vomiting
- signs of acute abdomen
- fever
- profoundly reduced appetite.

>15mm cell by child < 6yrs?

YES

Re-XRay 4 days post-ingestion (or sooner if symptoms develop).
If still in stomach, remove endoscopically (even if asymptomatic)

NO

Are related symptoms present?

YES

NO

Discharge home with advice to maintain normal eating and activity.

Confirm battery passage by inspection of stools.
Consider re-XRay to confirm passage if passage not observed 10-14 days, or parental concern.

AND

If symptoms develop later, promptly re-evaluate

Do not induce vomiting or give laxatives as ineffective. Avoid polyethylene glycol solutions as unproven efficacy and may enhance electrolysis.

Reproduced with permission from Dr Toby Litovitz. Full, original guideline available at www.poison.org/battery/guideline.asp updated December 2011.