

Button Battery Awarness Day 2025

Quick Guide for Pediatric Providers Regarding Button Battery Ingestion

(Prepared by FISPGHAN for International Button Battery Awareness Day – June 12, 2025)

This quick guide provides essential information for pediatric providers on recognizing, responding to, and educating families about button battery ingestion. Early identification and action can significantly reduce morbidity.

1. Recognizing Button Battery Ingestion

- Most common in children under 6 years old.
- May be unwitnessed; symptoms can be subtle.

- Symptoms may include: coughing, drooling, gagging, vomiting, chest discomfort, refusal to eat, or unexplained irritability.

- If ingestion is suspected, do not delay imaging or treatment.

2. Initial Evaluation

- Obtain immediate anterior-posterior and lateral chest and abdominal X-rays.

- Look for a "double ring" or "halo" sign on imaging.
- Confirm location of battery; esophageal location requires emergent removal.

3. Management Based on Battery Location

- Esophagus: Emergent endoscopic removal.
- Stomach:

- If patient is symptomatic or battery >20 mm and child <5 years, consider endoscopic removal.

- If asymptomatic and <20 mm, observe with serial X-rays.

- **Beyond pylorus:** Monitor for passage; instruct caregivers to observe stools; repeat X-ray if not passed in 10 days.

4. Honey Protocol (Children >1 Year)

- If ingestion occurred within 12 hours and the child is >12 months old, give 10 ml (2 tsp) honey every 10 minutes, up to 6 doses, while en route to hospital.

- Do NOT give to children under 12 months.

5. Educating Families

- Emphasize securing battery compartments in household items.
- Store and dispose of button batteries safely.
- Teach caregivers to act immediately if ingestion is suspected.



Button Battery Awarness Day 2025

References: https://www.poison.org/battery/guideline; https://www.ncbi.nlm.nih.gov/books/NBK470298/; Lerner DG, Brumbaugh D, Lightdale JR, Jatana KR, Jacobs IN, Mamula P. Mitigating Risks of Swallowed Button Batteries: New Strategies Before and After Removal. J Pediatr Gastroenterol Nutr. 2020 May;70(5):542-546; Lisi G, Illiceto MT, Romeo EF, Lauriti G, Faraci S, Lombardi G, Dall'Oglio L, Chiesa PL. Esophageal Retained Lithium Battery in Children Younger than 6 Years: A Prompt Structured Multidisciplinary Approach Is Essential to Reduce Long-Term Consequences.Pediatr Emerg Care.2021 Jun 01;37(6):e295-e300; Mubarak A, Benninga MA, Broekaert I, Dolinsek J, Homan M, Mas E, Miele E, Pienar C, Thapar N, Thomson M, Tzivinikos C, de Ridder L. Diagnosis, Management, and Prevention of Button Battery Ingestion in Childhood: A European Society for Paediatric Gastroenterology Hepatology and Nutrition Position Paper. J Pediatr Gastroenterol Nutr. 2021 Jul 1;73(1):129-136;