

Button Battery Care Map

Go directly to [Care Map Flowchart](#)



When accessing a document, please use the browser return arrow (upper left-hand corner) to return to the Care Map

Care Map Symbols

Links to more information or returns to a previous page.

Start of a Care Map Segment

Decision Point

Stop and Evaluate

Care Map Step
Blue underlined text is a hyperlink

Progression of care – Patient Improving



Source Reference



Education Module



Hospital Policy



Hospital Reference



Provider Information



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Button Battery Care Map

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Suggested Inclusion Criteria for Button Battery Care Map

Known or suspected ingestion of a button battery or foreign object



This care map document does not supersede the clinical judgment of a provider regarding the care that is ultimately ordered for a given patient. [Click to see full disclaimer.](#)



[National Capital Poison Center Button Battery Guidelines](#)



Patient [Education](#): Ingested Foreign Body



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**Potential Reasons to Avoid
Button Battery Care Map**



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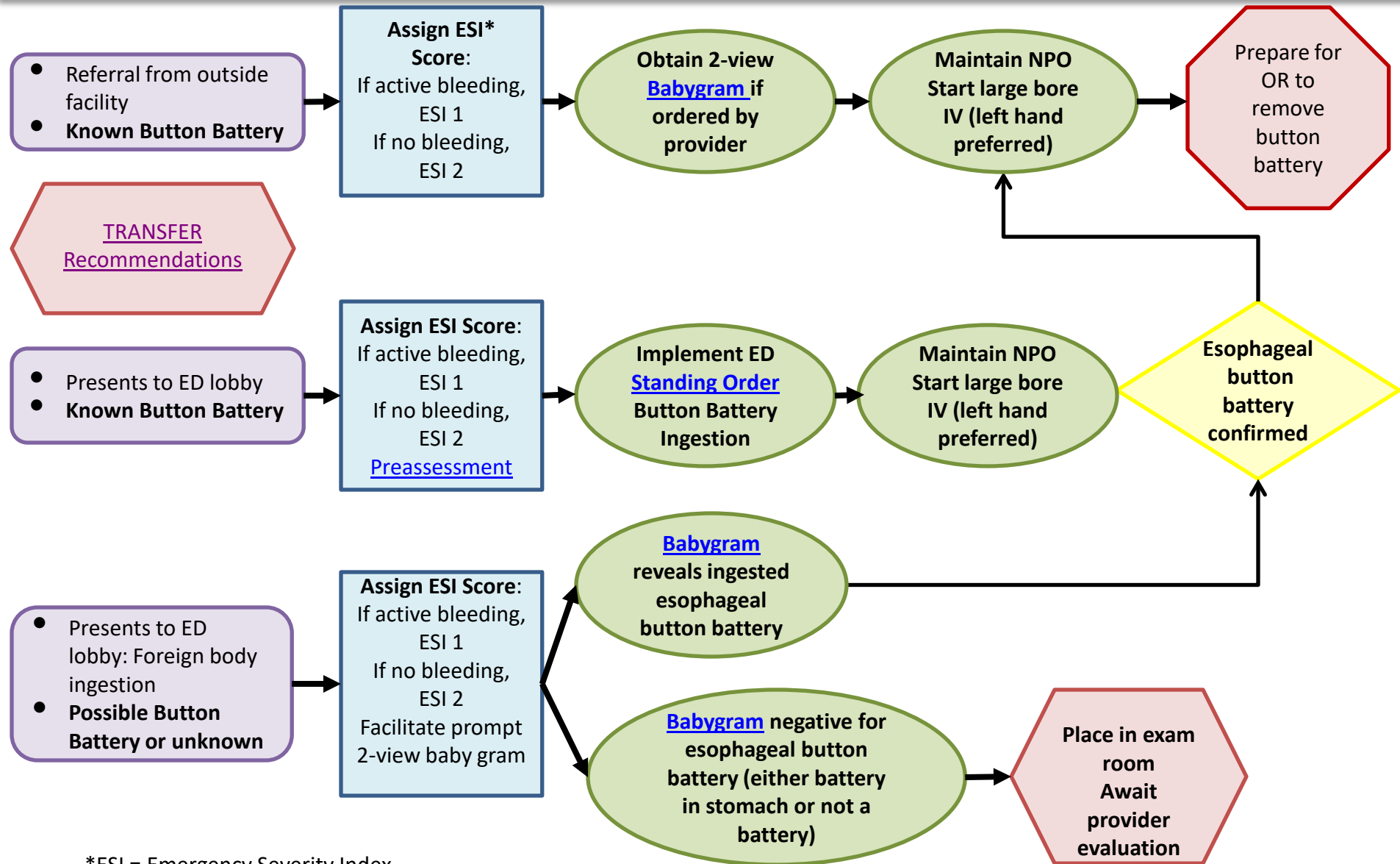
[National Capital Poison Center Button Battery Guidelines](#)



Patient [Education](#): Ingested Foreign Body



Emergency Department Care: Chief Complaint = Ingested Button Battery



*ESI = Emergency Severity Index

Transfer/Referral Recommendations

- Referring facility to administer Carafate 10ml PO every 10 minutes x3 doses but not to delay transport to complete dosing
- Referring facility to arrange transport to ETCH via fastest possible route
- Upon receiving referral for known esophageal button battery, ED Provider will notify Peds Surgery on-call and Anesthesia. Anesthesiologist will notify the Nursing Coordinator to activate surgery team (unless NC already in the ED).
- Note:
 - Any non-food proximal esophageal foreign bodies will be referred to Pediatric Surgery. Also, refer all patients with a prior history of esophageal surgery and an esophageal foreign body to pediatric surgery
 - Distal esophageal, food foreign body or gastric button batteries will be referred to Peds GI

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Preassessment/Triage

- Preassessment nurse will select “Foreign Body Ingestion” as chief complaint
- Preassessment/Triage nurse will ask parent what type/size of battery ingested (larger batteries pose greater risk)

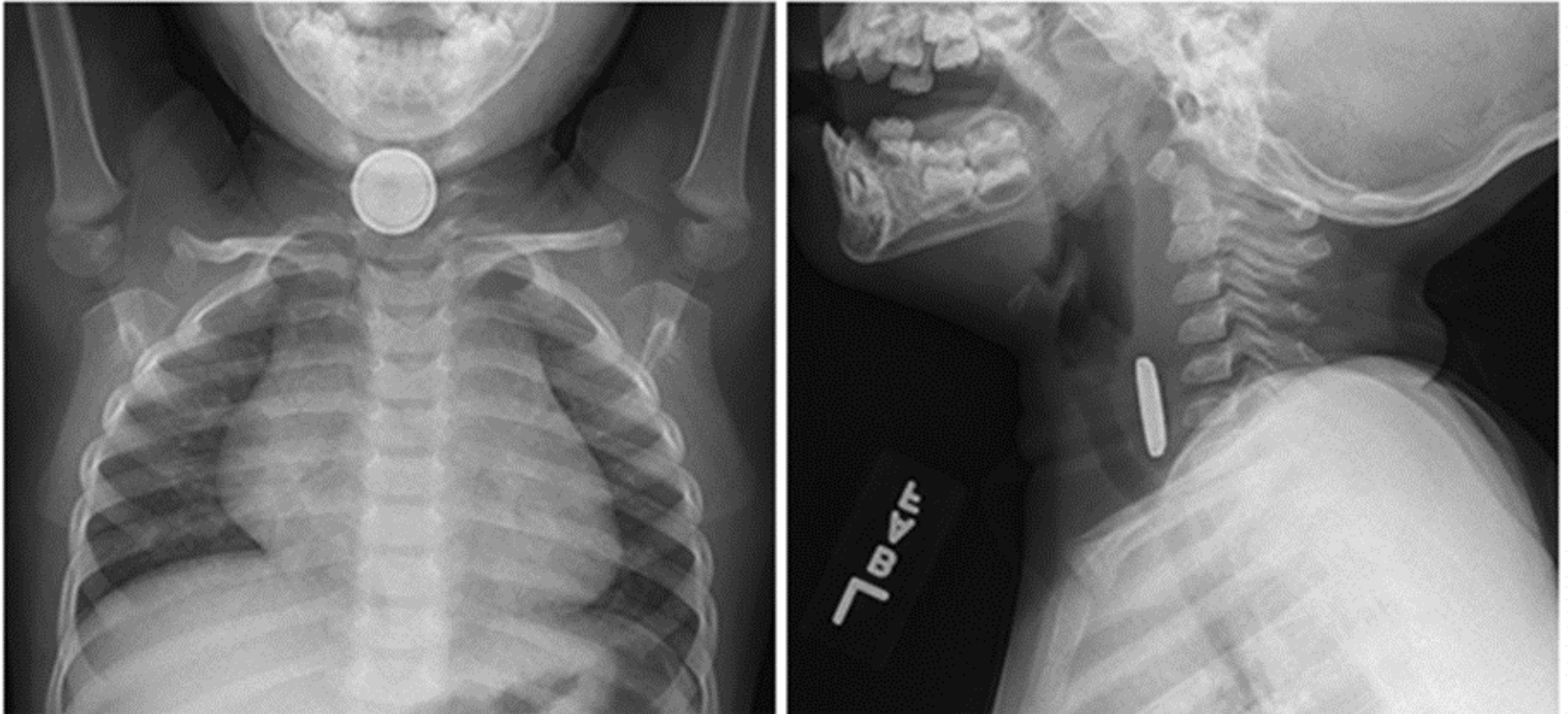
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ED Standing Order

- New ED Standing order will include babygram order (**from mouth to rectum**) and will be pre-populated with “r/o button battery ingestion” as reason for the exam. NOTE: Make sure your initial focus is on the **neck area** and that it is captured well.
- Button battery ingestion patients will take priority in Radiology

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Babygram findings



The typical beveled margin along the anode.

Goals/Metrics

- Known esophageal button battery referred from outside facility: in OR within 30 minutes of arrival
- Presents to ED Lobby with known/possible button battery ingestion: in OR within 60 minutes of confirmation of esophageal button battery
- Measuring performance of referring facilities(Goal would be 100% compliance with recognition, treatment, and rapid transfer)

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Physician Disclaimers: Button Battery Care Map

Medical Disclaimer

Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required.

The authors of this Care Map have checked with sources believed to be the most current and reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication.

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Contact and Revisions Number

- **For questions concerning this care map, contact: CareMap@etch.com**
- **Last Update: 02/20/2020**