



Button Battery Awareness Day 2026

This quick guide summarizes the key points pediatric providers should know about button battery ingestion, including how to recognize possible cases, perform the initial evaluation, guide management, and educate families. Because injuries can progress rapidly, early suspicion and prompt intervention are essential to reduce complications and improve outcomes.

1. Recognizing Button Battery Ingestion

Button battery ingestion occurs most often in children younger than 6 years of age. In many cases, the ingestion is unwitnessed, and the initial presentation may be subtle or nonspecific. Providers should maintain a high index of suspicion, particularly in young children with sudden or unexplained symptoms.

Possible symptoms include:

- Coughing
- Drooling
- Gagging or choking
- Vomiting
- Chest discomfort
- Refusal to eat
- Unexplained irritability

If button battery ingestion is suspected, do not wait for symptoms to worsen. Imaging and management should not be delayed.

2. Initial Evaluation

Immediate radiologic evaluation is critical. Obtain **anteroposterior and lateral X-rays** of the chest and abdomen to confirm the presence and location of the battery.



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On imaging, providers should look for the classic:

- “Double ring” sign
- “Halo” sign

Identifying whether the battery is lodged in the **esophagus, stomach,** or beyond the **pylorus** is essential, as management depends heavily on location. A battery in the esophagus requires **emergent removal.**

3. Management According to Battery Location

Esophagus

A button battery lodged in the esophagus is a medical emergency and requires **urgent endoscopic removal.**

Stomach

Management depends on the child’s age, symptoms, and battery size:

- If the child is **symptomatic**, or if the battery is **larger than 20 mm** in a child **younger than 5 years**, endoscopic removal should be considered.
- If the child is **asymptomatic** and the battery is **smaller than 20 mm**, observation with **serial X-rays** may be appropriate.

Beyond the Pylorus

If the battery has passed beyond the pylorus:

- Monitor for spontaneous passage
- Instruct caregivers to check stools
- Repeat imaging if the battery has **not passed within 10 days**



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4. Honey Protocol (Children Older Than 1 Year)

For children **older than 12 months**, if ingestion is suspected to have occurred **within the previous 12 hours**, honey may be given while the child is being taken to the hospital.

Recommended administration:

- **10 mL (2 teaspoons) of honey every 10 minutes**
- **Up to 6 doses**

Do not give honey to children younger than 12 months.

Honey is not a substitute for urgent medical evaluation, but it may help reduce tissue injury while definitive care is being arranged.

5. Educating Families

Prevention remains a crucial part of care. Pediatric providers should counsel families about the risks associated with button batteries and the importance of immediate action when ingestion is suspected.

Key messages for caregivers include:

- Secure battery compartments in all household devices
- Store button batteries out of reach of children
- Dispose of used batteries safely
- Seek medical attention immediately if ingestion is suspected

Early recognition, prompt imaging, and appropriate management can significantly reduce morbidity associated with button battery ingestion. Pediatric providers play a vital role not only in clinical care, but also in prevention and family education.



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1 Recognize & Evaluate

Don't miss it. Act early.

1. RECOGNIZING BUTTON BATTERY INGESTION

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



- 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.



○ "Double ring" or "halo" sign

2 Manage Based on Location

Location guides your action.



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.



! Management may vary based on local resources and clinical judgment.

3 Support & Prevent

Treat today. Protect tomorrow.

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.



! Do NOT give honey to children under 12 months.



Early action can save lives and prevent serious injury.

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.





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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;