

## ED BUTTON BATTERY FOREIGN BODY – PEDIATRIC (29 Days of Age to 17 Years of Age Less 1 Day) Weight (kg)

Ви	lleted orders are initiated by default, unless crossed out and initialed by the physician/prescriber. Boxed orders (□) require physician/prescriber check mark (☑) to be initiated.					
	Button battery ingestion is considered a <b>life-threatening emergency</b> . Esophageal injury can occur within 2 hours post ingestion, with risk of <b>massive hemorrhage</b> and <b>sepsis</b> .					
Ensure early initiation of appropriate care protocols and referrals as per local and regional processes.						
Provincial Protocol Button Battery Treatment Algorithm						
	Provincial Protocol Button Battery Ingestion - Pediatrics					
	ED Sepsis Initial Management - Pediatric (29 Days to 17 Years of Age Less 1 Day) Order Set #829598					
1.	ALLERGIES: see #826234 – Allergy and Adverse Reaction Record					
2.	**Consults vary by local and regional services and referral patterns. Please consult local processes for most appropriate consults from the list below**  Pediatrics CHARLIE CHARLIE GI General Surgery Respiratory Therapist  BC Poison Control Centre (1-800-567-5911)					
3.	<ul><li>DIET</li><li>NPO - medications with sips</li></ul>					
4.	<ul> <li>MONITORING</li> <li>Monitor output for potential foreign body</li> <li>□ Point-of-Care Capillary Blood Glucose STAT</li> <li>□ Continuous SpO₂ monitoring</li> <li>□ Continuous cardiac monitoring</li> <li>□ Continuous end-tidal CO₂ monitoring</li> </ul>					
5.	LABORATORY  ☐ CBC, Lytes4, Creatinine incl. GFR, Glucose Random, Urea ☐ Blood Gases – Venous **OR** ☐ Blood Gases – Arterial **OR** ☐ Blood Gases – Capillary ☐ Group and Screen ☐ Other					
6.						
Da	e (dd/mm/yyyy) Time Prescriber's Signature Printed Name or College ID#					



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7.	<ul> <li>TREATMENTS</li> <li>Oxygen to keep SPO<sub>2</sub> greater than 92% or for signs of shock or respiratory distress</li> <li>Establish peripheral IV access × 2</li> <li>If unable to insert peripheral IV within 5 minutes OR after 2 failed attempts establish intraosseous (IO)</li> <li>Insert indwelling urinary catheter to urometer</li> </ul>					
8.	IV THERAPY AND HYDRATION  A. IF SIGNS OF SHOCK PRESENT  Administer IV crystalloid bolus  IV Fluid Bolus  Lactated Ringer's Solution mL (10 to 20 mL/kg) IV/IO over minutes (recommended over 5 to 30 minutes)					
	**OR**  Sodium Chloride 0.9% mL (10 to 20 mL/kg) IV/IO over minutes (recommended over 5 to 30 minutes)  B. IF NO SIGNS OF SHOCK PRESENT  Administer maintenance IV fluids. Do not give IV boluses unless clinical signs of shock arise or if directed by Pediatrician.  Maintenance IV Fluids  D5NS mL/H IV/IO					
9.	MEDICATIONS					
	If clinical concern of perforation or if signs/symptoms of sepsis initiate <i>ED Pediatric Sepsis Initial Management Order Set</i> #829698					
	If patient is stable and witnessed ingestion or less than 12 hours since suspected ingestion:  sucralfate 1 g PO Q10MIN × 3 doses total  **If sucralfate unavailable and patient is greater than 12 months of age, consider use of honey 10 mL PO Q10MIN × 6 doses total (non-formulary)**					
	If severe hypotension or hypotension refractory to IV fluids:  EPINEPHrine IV/IO continuous infusion starting at 0.05 mcg/kg/min – titrate to a max of 1 mcg/kg/min targeting MAP goal of mmHg (suggested maximum MAP 65 mmHg) **Notify physician if unable to obtain target MAP**					

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/ /			