Did you know …..

An outbreak of severe coagulopathy from exposure to synthetic cannabinoid products contaminated with brodifacoum began in the U.S. in May, 2018. Since then, more than 324 people have presented to healthcare facilities with serious bleeding. Recently, two new clinical scenarios have emerged:

1. Several patients have had increasing blood brodifacoum levels, suggesting continued exposure to the products.
2. At least one patient has become pregnant and brodifacoum may cause birth defects.

Contact the poison control center at 1-800-222-1222 regarding diagnostic testing and management of synthetic cannabinoid exposures.

Honey for Button Batteries

Scenario: A 2-year-old male is brought to the emergency room after being seen with something in his mouth while playing with a toy. The child swallowed the item before the parent could remove it. Child complains of chest discomfort. On X-ray, a metallic foreign body is seen in the esophagus.

Button batteries are coin shaped batteries used in electronic items such as remote key fobs, remote controls, thermometers, games, toys, hearing aids, and bathroom scales to name a few. Most injuries from button batteries occur when the battery is swallowed and lodged in the esophagus, but injuries can also occur if a button battery is lodged in the nose or ear. Tissue injury and burns are caused by the battery creating an electrical current which in turn generates hydroxyl ions, a very strong alkali. Even spent batteries can still produce enough current to cause burns. A button battery stuck in the esophagus is a medical emergency as serious burns can occur in as little as 2 hours post-ingestion. Batteries that are 20 mm in size or greater have been implicated in the most serious injuries to children.

Early symptoms after button battery ingestion may include coughing, gagging, drooling, chest pain or discomfort, difficulty swallowing and vomiting. Tissue damage caused by the battery can cause bleeding and esophageal perforation.

If a button battery ingestion is suspected, and the child is greater than 12 months of age and able to swallow without risk of aspiration, new treatment guidelines recommend giving 10 mL of honey every 10 minutes up to 6 doses. The honey coats the battery and prevents local generation of hydroxide, thereby delaying alkaline burns. Other than giving honey, keep the patient NPO until the battery location is determined by X-ray.

The X-ray (to include the abdomen, esophagus and neck) should be done immediately to determine the battery’s location. A battery lodged in the esophagus must be removed immediately. If possible, and if the child is able to swallow without aspirating, administer sucralfate (Carafate® suspension 1 g/10 mL). Give 10 mL PO every 10 minutes, up to 3 doses, from the time X-ray determines the battery is lodged in the esophagus. Do not give sucralfate or honey if the battery was possibly in the esophagus for more than 12 hours.

Call 1-800-222-1222 for Poison Help with your next button battery ingestion.

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