IOWA POISON CONTROL CENTER

Poison HOTLINE

1-800-222-1222

November 2026



Did you know .....

For children who meet specific criteria, honey may be administered while arranging emergency transportation to help delay esophageal injury. Honey may be given if the child:

- Is at least 12 months old.
- Ingested the battery within the previous 12 hours
- Is able to swallow without difficulty.
- Has no known allergy to honey.

If these criteria are met, caregivers may administer 10 mL (2 teaspoons) of commercially available honey every 10 minutes, for up to six doses.

Honey should not be given if the child is unable to swallow safely. Administration should never delay transportation to the emergency department.

Button Battery Ingestions: What You Need to Know

As the holiday season approaches, it is important to recognize potential hazards associated with common household items, toys, and electronic devices. One particularly dangerous hazard for young children is button batteries. When swallowed, these small batteries can cause severe esophageal burns in as little as two hours, making prompt identification and treatment critical.

Any suspected button battery ingestion requires immediate evaluation in an emergency department. An emergent X-ray of the neck, chest, and abdomen is necessary to determine the location of the battery. Imaging must include all three areas, as a battery lodged in the upper esophagus may not be visible on a standard chest X-ray. Esophageal injury primarily occurs when the battery generates an electrical current that can cause significant tissue damage. Although rare, leakage of caustic battery contents can also contribute to injury.

If a button battery becomes lodged in the esophagus, immediate endoscopic removal, ideally within two hours of ingestion, is recommended to minimize the risk of serious injury. Once the child arrives at the emergency department, sucralfate may be administered to help reduce esophageal injury while preparations for endoscopic removal are underway. The recommended dose is 10 mL of sucralfate suspension (1 g/10 mL) every 10 minutes, for up to three doses, when clinically appropriate. Honey has also been used in these situations, much like sucralfate, to provide similar benefits in delaying esophageal injury. Unlike honey, sucralfate may also be administered to children younger than 12 months. It is important to emphasize that honey and sucralfate may delay, but do not prevent, esophageal injury. Neither treatment replaces the need for emergent imaging or immediate removal of a battery lodged in the esophagus.

If imaging confirms that the battery has passed beyond the esophagus and the child remains asymptomatic, management will depend on the child's age, battery size, clinical history, and other risk factors. Some children may be managed at home with close observation and appropriate follow-up.

If you suspect a button battery ingestion or have questions about button battery safety, call the Iowa Poison Control Center at **1-800-222-1222**. Our Certified Specialists in Poison Information are available 24/7 to provide expert guidance.

Susie Eades, RN, CSPI
Certified Specialist in Poison Information

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