

<b>Severe Injury Related to Disc Battery (SIRDB)</b> <b>Australian Paediatric Surveillance Unit</b> Please contact the APSU by email at <a href="mailto:SCHN-APSU@health.nsw.gov.au">SCHN-APSU@health.nsw.gov.au</a> if you have any questions about this form	APSU Office Use Only	
	Study ID #:	
	Month/Year Report:	
<i>Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided. DK = Don't Know; NA = Not Applicable; UK = Unknown</i>		Version 6_03.07.202

**REPORTING CLINICIAN'S DETAILS:**

1. APSU Dr Code/Name:  / \_\_\_\_\_ 2. Date questionnaire completed:  /  /

**PATIENT DETAILS:**

3. First 2 letters of first name:  4. First 2 letters of surname:  5. Date of Birth:  /  /

6. Sex:  Male  Female 7. Postcode of family:

8. Is the Child:  Aboriginal  Torres-Strait Islander  Both Aboriginal and Torres Strait Islander  European  
 Asian  African  Middle Eastern  Other (please specify): \_\_\_\_\_  DK

9. Child's country of birth  Australia  Other (please specify): \_\_\_\_\_

10. Main language spoken at home: \_\_\_\_\_  DK

**If this patient is primarily cared for by another physician who you believe will report the case, please complete the case report form details above this line and return to the APSU. Please keep the patient's name and other details in your records. If no other report is received for this child we will contact you for information requested in the remainder of the case report form.**

The primary clinician caring for this child/young person is: **Name:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

*NB this case report form has the "UNKNOWN" (UK) answer option in addition to Don't Know (DK).*

**UNKNOWN (UK) = there is no information and unlikely to be ever known (e.g. no one witnessed the child inserting the battery)**

**DON'T KNOW (DK) = you don't know but the information might be available from another source**

**MEDICAL HISTORY**

11. On what date was the first procedure conducted to inspect for damage or remove the battery/batteries?  
 /  /   Battery(ies) not removed  DK  
*If not removed, please explain why:* \_\_\_\_\_

12. How long was the battery/ies in situ?:  <2 hours  2-6 hours  >6 hours  DK  UK

13. Which health facility did the child first attend? \_\_\_\_\_  DK

13a. Was the child treated with honey/jam as first aid? (Oesophageal cases only)  Yes  No  DK  
 UK  N/A

14. How many disc batteries were involved in the injury? \_\_\_\_\_ (specify number)  DK  UK

15. Was a magnet co-ingested? (ingested cases only)  Yes  No  DK  UK  N/A

16. Where was the battery removed from?  Ear  Nose  Airway  Oesophagus  Stomach  Other:  
 (please give details): \_\_\_\_\_

16a. For oesophageal cases were they:  proximal  mid  distal  other: \_\_\_\_\_

17. Did the child need a general anaesthetic?  Yes  No  DK

18. In which facility was the first procedure conducted; to inspect for damage or remove the battery/batteries?: \_\_\_\_\_  DK

19. Which procedure was required to remove or to inspect or to repair the injury due to button battery (tick all that apply)  
 Rigid endoscopy  Flexi-endoscopy  Bronchoscopy  Other (please describe): \_\_\_\_\_  
 Did the child have imaging other than plain X-ray?  Yes  No  DK  
 If Yes, which?  CT  Ultrasound  MRI  Other (please describe): \_\_\_\_\_

20. Please describe the injury(ies) sustained by the child due to the battery(ies): \_\_\_\_\_

- 20a.** Was the child treated with acetic acid in theatre? (*Oesophageal cases only*)  Yes  No  DK  N/A
- 21.** Was the child an inpatient admitted with a different diagnosis when the battery was recognised?  Yes  No  DK
- If Yes**, how long was the child in hospital before the battery(ies) was recognised?  <24hrs  1-2 nights  > 2 nights
- 22.** How long was the child in hospital **after** the battery was recognised?  Not admitted  Same day  1-2 nights  
 3-6 nights  1-2 weeks  >2 weeks
- 23.** Does the child have any medical or developmental condition(s) that might make them more likely to have an injury related to a foreign body (e.g. behavioural conditions where they place objects in their mouth)?  Yes  No  DK
- If Yes**, please specify: \_\_\_\_\_

**24.** Please estimate the size of the disc battery/batteries involved (*Tick which size was ingested/inserted, enter number of batteries and model number if known*)

Battery(ies)	Number ingested	Model numbers of disc battery(ies), if known
<input type="checkbox"/> Small <10 mm (e.g. size of small hearing aid battery )	<input type="checkbox"/> DK	<input type="checkbox"/> DK
<input type="checkbox"/> Medium 10-19mm (e.g. batteries used in small torches)	<input type="checkbox"/> DK	<input type="checkbox"/> DK
<input type="checkbox"/> Large ≥20mm (e.g. approx a 5 cent piece or greater)	<input type="checkbox"/> DK	<input type="checkbox"/> DK

**25.** Please provide the make (brand) or marking of any of the disc batteries (if known) \_\_\_\_\_  DK  UK

**25a.** Were any of the ingested batteries coated with a bitterant?  Yes  No  DK  UK  
 (Duracell™ released bitterant coated 20mm batteries in 2021)  
 (Energizer™ released 20mm batteries with bitterant and a blue indicator dye triggered by moisture in Aug 2024)

**25b.** Did any of the batteries release a blue dye?  Yes  No  DK  UK

**25c.** If so, did this expedite diagnosis?  Yes  No  DK  UK

**26.** Was the battery(ies) intended for a specific product?  Yes  No  DK  UK

**If Yes**, please specify for which product(s) (please give as much description as possible): \_\_\_\_\_

**27.** Was the product designed and intended for use by a child (e.g. toy (as opposed to a novelty item), educational product or equipment) ?  Yes  No  DK  UK

**If Yes**, what age group was it marketed for?  0 - 36 months  > 36 months  DK  UK

**28.** Do you know how the child accessed the battery(ies)?  Yes  No  DK  UK

**If Yes**, how was the battery(ies) accessed by the child? (*please tick all options for which you have information*)

Batteries	Location
<input type="checkbox"/> Loose battery or battery in an accessible container	<input type="checkbox"/> On table/counter top
	<input type="checkbox"/> On floor
	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Disc battery removed from battery packaging by child	<input type="checkbox"/> Battery packaging that had been opened earlier by another person
	<input type="checkbox"/> Child-resistant battery packaging that was intact and opened by the child
	<input type="checkbox"/> Non child-resistant battery packaging that was intact and opened by the child
<input type="checkbox"/> Disc battery removed from product battery compartment	<input type="checkbox"/> Child opened a functioning child-resistant battery compartment closure (i.e. one that requires a tool or dual mechanism to open the battery compartment)

	<input type="checkbox"/> Child opened a functioning standard battery closure (e.g. twist, switch or slide)
	<input type="checkbox"/> Child-resistant battery compartment closure was working but not properly replaced
	<input type="checkbox"/> Standard battery compartment closure was working but not properly replaced
	<input type="checkbox"/> Battery compartment closure was broken
<input type="checkbox"/> Whole product containing batteries was ingested or inserted (e.g. hearing aid or small torch swallowed by child)	
<input type="checkbox"/> Product dropped and battery fell out of compartment	

29. Were the disc batteries:  Unused  Used but still working in the product  
 Used and no longer working in the product  DK  UK

30. What were the circumstances that allowed the child to get access to the battery in the first place?  
 Child is old enough to freely access any item in the house  
 Child is young (< 5 years), but used tools or furniture to access a product that was stored out of reach  
 Product was intended for use by an older child, but accessible to young child (e.g. electronic toy, novelty)  
 Product was intended for use by a young child and regularly accessible to that child (e.g. toddler's toy)  
 Product was not intended specifically for use by a person of any age but was left in an accessible place (e.g. tv remote left on a coffee table)  
 Other (please explain): \_\_\_\_\_  
 DK  
 UK

31. Where was the child when the injury occurred?  Child's own home  Another home (friends, relatives)  
 Other (e.g. school/childcare) please specify: \_\_\_\_\_  DK  UK

32. Do you have any suggestions in relation to the specific product(s) involved in the child's injury that might improve product safety, product redesign, or communication about product use, that you would like to share with us?

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33. If you would like to be contacted by product safety regulators in relation to this product, please provide your email address below and we will pass on your contact details: \_\_\_\_\_

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Alternatively you can independently report your concerns here:  
<https://www.productsafety.gov.au/content/index.phtml/tag/ReportAnUnsafeProduct>

**We will contact you in 3 months' time to ask about the outcomes of the injury for this child**

*Thank you for your help with this research project.*

**Please return this case report form to the APSU via email to: [SCHN-APSU@health.nsw.gov.au](mailto:SCHN-APSU@health.nsw.gov.au) or fax to: 02 9845 3082 or mail to: Australian Paediatric Surveillance Unit, Kids Research, Locked Bag 4001, Westmead NSW 2145 - even if you don't complete all items.**

The APSU is affiliated with the Royal Australasian College of Physicians (Paediatrics and Child Health Division) and Faculty of Medicine, University of Sydney

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This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines.