

**Severe Injury Related to Disc Battery (SIRDB)**

Australian Paediatric Surveillance Unit

Please contact the APSU (02) 9845 3005 or [SCHN-APSU@health.nsw.gov.au](mailto:SCHN-APSU@health.nsw.gov.au)  
if you have any questions about this form

APSU Office Use Only

Study ID #:

Month/Year Report:

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*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***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 Torrest Strait Islander  European  Asian  
 African  Middle Eastern  Other (please specify) \_\_\_\_\_  DK9. 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 questionnaire 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 questionnaire.**The primary clinician caring for this child/young person is: **Name:** \_\_\_\_\_**Hospital:** \_\_\_\_\_

NB this questionnaire 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. When was the procedure conducted to remove the battery(ies)?  /  /   DK  Battery(ies) not removed  
If not removed, please explain why: \_\_\_\_\_12. How long was the battery/ies in situ?:  <2h  2-6h  >6h  DK  UK13. Which health facility did the child first attend? \_\_\_\_\_  DK14. How many disc batteries were involved in the injury? \_\_\_\_\_ (specify number)  DK  UK15. Was a magnet co-ingested?  Yes  No  DK  UK16. Where was the battery removed from?  Ear  Nose  Airway  Oesophagus  Stomach  Other (please give details) \_\_\_\_\_17. Did the child need a general anaesthetic?  Yes  No  DK18. In which facility was the battery removed?: \_\_\_\_\_  DK

19. Did the child have any of the following to remove the battery or to assess or repair the damage:

Surgical intervention or procedure?  Yes  No  DK If Yes, please describe: \_\_\_\_\_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): \_\_\_\_\_

21. Was the child an inpatient in a facility when the battery was recognised?  Yes  No  DKIf Yes, how long was the child in hospital before the battery(ies) was recognised?  <24hrs  1-2 nights  More than 2 nights22. How long was the child in hospital after the battery was recognised?  Not admitted  Same day  1-2 nights  More than 2 nights23. 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 the make (brand) of any of the disc batteries (if known) \_\_\_\_\_  DK  UK

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

If Yes, please specify for which product(s): \_\_\_\_\_

27. Was the product intended for use by a child (e.g. toy, 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)	

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)  DK  UK  
 Other (e.g. school/childcare) please specify: \_\_\_\_\_

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?

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: \_\_\_\_\_

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 questionnaire 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 Institute, Locked Bag 4001, Westmead NSW 2145 - even if you don't complete all items.**

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