

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 if you have any questions about this form	<i>APSU Office Use Only</i>	
	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 5_01.06.2021

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): _____ 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 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?

(Duracell™ released bitterant coated 20mm batteries in 2021)

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?

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 case report form to the APSU via email to: 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.