Severe Injury Related to Disc Battery (SIRDB) **Australian Paediatric Surveillance Unit** Please contact the APSU by email at SCHN-APSU@health.nsw.gov.au if you have any questions about this form	*APSU Office Use Only*	
	Study ID #:	
	Month/Year Report:	
Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided. DK = Don't know; N/A = Not applicable; UK = Unknown	*Version 7.1_10.12.2025*	

REPORTING CLINICIAN'S DETAILS

APSU Dr Code/Name: __ __ __ __ /_____

Provide your best organisational email address: _____

Date questionnaire completed: __ __ / __ __ / __ __ __ __

PATIENT DETAILS

First 2 letters of first name: ___ ___

First 2 letters of surname: ___ ___

Date of Birth: __ __ / __ __ / __ __ __ __

Sex:
- ☐ Male
- ☐ Female

Postcode of family: ___ ___ ___ ___

Is the Child:
- ☐ Aboriginal
- ☐ Torres-Strait Islander
- ☐ Both Aboriginal and Torres Strait Islander
- ☐ European
- ☐ Asian
- ☐ African
- ☐ Middle Eastern
- ☐ Other *(please specify):* _____
- ☐ Don't know

Child's country of birth:
- ☐ Australia
- ☐ Other *(please specify):*_____

Main language spoken at home *(please specify)*: _____
- ☐ Don't know

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:
Dr 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

On what date was the first procedure conducted to inspect for damage or remove the battery/batteries? __ __ / __ __ / __ __ __ __
- ☐ Battery(ies) not removed
- ☐ Don't know

If not removed, please explain why: _____

_____

_____

How long was the battery/ies in situ?

☐ <2 hours
☐ 2-6 hours
☐ >6 hours
☐ Don't know
☐ Unknown

Which health facility did the child first attend?

(please specify): _____
☐ Don't know

Was the child treated with honey/jam as first aid? (*Oesophageal cases only)*

☐ Yes
☐ No
☐ DK
☐ Unknown
☐ Not applicable

How many disc batteries were involved in the injury?

(please specify number): _____
☐ Don't know
☐ Unknown

Was a magnet co-ingested? *(ingested cases only)*

☐ Yes
☐ No
☐ Don't know
☐ Unknown
☐ Not applicable

Where was the battery removed from?

☐ Ear
☐ Nose
☐ Airway
☐ Oesophagus
☐ Stomach
☐ Other *(please give details):* _____
_____

Was the ingestion/ insertion a deliberate attempt at self-harm?

☐ Yes
☐ No
☐ Don't know

For oesophageal cases were they:

☐ Proximal
☐ Mid
☐ Distal
☐ Other *(please give details):* _____
_____

Did the child need a general anaesthetic?

☐ Yes
☐ No
☐ Don't know

In which facility was the first procedure conducted; to inspect for damage or remove the battery/batteries?

(please give details): _____
☐ Don't know

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
☐ Don't know

If Yes, which?

☐ CT
☐ Ultrasound
☐ MRI
☐ Other *(please describe):*_____

Please describe the injury(ies) sustained by the child due to the battery(ies):

_____
_____

Was the child treated with acetic acid in theatre? (*Oesophageal cases only)*

☐ Yes
☐ No
☐ Don't know
☐ Not applicable

Was the child an inpatient admitted with a different diagnosis when the battery was recognised?

☐ Yes
☐ No
☐ Don't know

If Yes, how long was the child in hospital before the battery(ies) was recognised?

☐ <24hrs
☐ 1-2 nights
☐ > 2 nights

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

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
☐ Don't know

If Yes, please specify: _____

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**
☐ Small <10 mm (e.g. size of small hearing aid battery)	___ or ☐ DK	_____ or ☐ DK
☐ Medium 10-19mm (e.g. batteries used in small torches)	___ or ☐ DK	_____ or ☐ DK
☐ Large ≥20mm (e.g. approx a 5 cent piece or greater)	___ or ☐ DK	_____ or ☐ DK

Please provide the make (brand) or marking of any of the disc batteries (if known):

(please describe): _____
☐ Don't know
☐ Unknown

Were any of the ingested batteries coated with a bitterant?

☐ Yes
☐ No
☐ Don't know
☐ Unknown
☐ Not applicable

Note: *(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)

Did any of the batteries release a blue dye?	☐ Yes ☐ No ☐ Don't know ☐ Unknown ☐ Not applicable
If so, did this expedite diagnosis?	☐ Yes ☐ No ☐ Don't know ☐ Unknown
Was the battery(ies) intended for a specific product?	☐ Yes ☐ No ☐ Don't know ☐ Unknown
If Yes, please specify for which product(s) (please give as much description as possible):	_____ _____
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 ☐ Don't know ☐ Unknown
If Yes, what age group was it marketed for?	☐ 0 - 36 months ☐ > 36 months ☐ Don't know ☐ Unknown
Do you know how the child accessed the battery(ies)?	☐ Yes ☐ No ☐ Don't know ☐ Unknown

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

Batteries	**Location**
☐ Loose battery or battery in an accessible container	☐ On table/counter top
	☐ On floor
	☐ Other (please specify):
☐ Disc battery removed from battery packaging by child	☐ Battery packaging that had been opened earlier by another person
	☐ Child-resistant battery packaging that was intact and opened by the child
	☐ Non child-resistant battery packaging that was intact and opened by the child
☐ Disc battery removed from product battery compartment	☐ Child opened a functioning child-resistant battery compartment closure (i.e. one that requires a tool or dual mechanism to open the battery compartment)
	☐ Child opened a functioning standard battery closure (e.g. twist, switch or slide)
	☐ Child-resistant battery compartment closure was working but not properly replaced
	☐ Standard battery compartment closure was working but not properly replaced
	☐ Battery compartment closure was broken
☐ Whole product containing batteries was ingested or inserted (e.g. hearing aid or small torch swallowed by child)	
☐ Product dropped and battery fell out of compartment	

Were the disc batteries:

☐ Unused
☐ Used but still working in the product
☐ Used and no longer working in the product
☐ Don't know
☐ Unknown

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)*:_____
☐ Don't know
☐ Unknown

Where was the child when the injury occurred?

☐ Child's own home
☐ Another home e.g. friends, relatives
☐ Other e.g. school/childcare *(please specify)*: _____
☐ Don't know
☐ Unknown

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?

_____
_____
_____
_____

If you would like to be contacted by product safety regulators in relation to this product, please provide your email address 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

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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.

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