



December 20, 2020, my son Johnathan's daycare teacher called, asking me if he ever had a history of nosebleeds. He laid down for a nap 10 minutes ago, she explains, and they just noticed a large puddle of blood around his face and head.

Being a PA, nine years in the emergency department, I'm not too concerned at this point. Moments later, I hear that he's vomiting blood. Within minutes, the paramedics, my husband (also a paramedic) and I arrive.

Johnathan sees us and the sweetest little smile spreads across his face. His vital signs are all within normal limits, and there's no sign of active bleeding. We go to his pediatrician and are re-assured it was just a nosebleed that dripped into his stomach and made him vomit.

A fever the next day gets us back to the pediatrician with negative viral swabs and chest x-ray.

Sunday morning, Johnathan coughs. He coughs hard. A large volume of frothy blood covers my shirt. Two minutes later, he becomes rigid. Possibly a febrile seizure? We call 911.

He is breathing. He has a pulse. Then it starts to slow down. It stops. We begin CPR. There is blood in his airway.

My husband and I left the ER that evening without our son.

The next day, the medical examiner told us they found a hole found between his esophagus and aorta surrounded by burned and necrotic tissue. There was also massive gastrointestinal bleeding. In his intestines, they found a **button battery**.

Johnathan died five days before Christmas, two weeks shy of his second birthday.

Read more of Johnathan's story at [Remember Nugget: Battery Danger Awareness](#). Learn about Jackie Huff's grassroots efforts to raise awareness of these injuries at [Button Battery Awareness – Protecting Our Children or Change.org](#).

## What can I do as a PA to diagnose button battery ingestion injuries?

- Listen to the child's guardian. Get a thorough history.
- ASK "Is it possible your child may have swallowed something?"
- Look for unexplained vague signs such as nosebleed, cough, fever, wheezing, stridor, decreased appetite, refusal to eat, chest discomfort, or choking.
- Lower your threshold for any child who can't clearly communicate their symptoms.

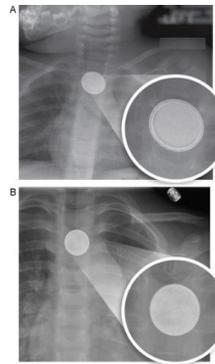
ANY suspicion of a BBI warrants a

### Nose to Anus X-ray

Check out guidelines for management and treatment for BB injuries at

<https://www.poison.org/battery/guideline>

## Button Battery VS Coin



**A: Button Battery:**

**Halo Sign**  
**Double ring seen on AP view**

**B: Coin:**

**Homogenous appearance**

## Post BB Removal Guidelines

The location of the BB and anatomical position in relation to the trachea or major blood vessels affects prognosis and management.

Any risk for vessel involvement **requires inpatient monitoring** with serial imaging and stool guaiac checks.

Perforations, fistulas, and esophageal strictures can be delayed weeks to months, so ensure good follow-up care.