

Brief Resolved Unexplained Event (BRUE) (107)

Pediatrics <i>(13 years and under)</i>	
Public Safety First Aid Procedures: Only	
<ul style="list-style-type: none"> Assess ABC's Request EMS 	
BLS Procedures: EMT's and Paramedics start here	
<ul style="list-style-type: none"> Assess ABC's, Pulse oximetry, and vital signs Complete primary and secondary assessment Obtain complete history of event from caretaker Identifiable cause discovered? If yes, transport and enter appropriate protocol If no identifiable cause discovered, Observe/transport and enter appropriate protocol if condition changes 	
ALS Prior to Base Hospital Contact: Paramedic only	
<ul style="list-style-type: none"> Follow BLS procedures 	
<u>Base Hospital Contact Required</u>	

107 BRIEF RESOLVED UNEXPLAINED EVENT

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Special Considerations

1. A Brief Resolved Unexplained Event (BRUE) is an event that is frightening to the observer (may think infant has died) and involved one or more of the following:
 - Apnea (central or obstructive)
 - Color Change (cyanosis, pallor, erythema)
 - Marked change in muscle tone (limpness)
 - Choking or gagging
2. It usually occurs in infants less than 12 months of age, though any child with symptoms described under 2 years of age may be considered A BRUE
3. Most patients have a normal physical exam when assessed by pre-hospital personnel. Approximately half of the cases have no known cause, but the remainder of the cases have a significant underlying cause such as, but not limited to:
 - Airway Disease
 - Cardiac Arrhythmias/anomalies
 - Child Abuse
 - Gastroesophageal reflux
 - Infantile Botulism
 - Infections
 - Inborn errors of metabolism
 - Meningitis
 - “Near-miss” SIDS
 - Pertussis (whooping cough)
 - Respiratory Syncytial Virus
 - Seizure
 - Sepsis
4. Obtain history of event, duration and severity, whether patient was awake or asleep at the time of the episode, and what resuscitative measures were done.
5. Obtain past medical history, including chronic diseases, seizure activity, current or recent infections, history of gastroesophageal reflux, recent trauma, medication history, and mixing of formula.