

is recommended to evaluate the head shape and ascertain the need for early intervention.

Nurses are in a unique position in well-child care settings to encourage parents to follow guidelines for preventing plagiocephaly, demonstrate alternating head placement for sleeping, demonstrate sternocleidomastoid muscle exercises (as appropriate to the condition), and encourage tummy time for infants during awake periods. Most important, nurses should continue to encourage parents to place the infant in a supine sleep position despite the development of plagiocephaly. Nurses can also assist parents in the proper use of a skull-molding helmet and reassure them of the high rate of success with the helmet. Allowing parents to verbalize concerns and feelings related to the health status of the child as well as provision of current best practice is an important nursing function. Parents should not become so alarmed by plagiocephaly that they abandon supine sleeping position for the infant but should consult with the practitioner for further advice.

## Apparent Life-Threatening Event

An **apparent life-threatening event (ALTE)**, formerly referred to as *aborted SIDS death* or *near-miss SIDS*, generally refers to an event that is sudden and frightening to the observer in which the infant exhibits a combination of apnea; change in color (pallor, cyanosis, redness); change in muscle tone (usually hypotonia); and choking, gagging, or coughing and that usually involves a significant intervention and even CPR by the caregiver who witnesses the event. The definition of ALTE may include apnea, but ALTE may occur without apnea ([Silvestri, 2009](#)). It is erroneous to characterize ALTE as a near-miss SIDS incident ([Adams, Good, and Defranco, 2009](#)). Infants with ALTE are at increased risk for SIDS; the risk for SIDS may be three to five times greater in infants who experienced an ALTE ([Hunt and Hauck, 2016](#)). One common risk factor for SIDS and ALTE is maternal smoking ([Fu and Moon, 2012](#)).

Results from the Collaborative Home Infant Monitoring Evaluation (CHIME) study found that apnea and bradycardia occurred at conventional and extreme alarm thresholds in all groups of infants studied—siblings of SIDS infants, infants with ALTEs, symptomatic (of apnea and bradycardia) and asymptomatic