# BRUE

#### **Definition**

Age < 1 yr AND > 1 of the following:

Absent, decreased or irregular breathing

Cyanosis or pallor

Change in tone

Altered responsiveness

NOT a BRUE: clear explanation of event (choking, trauma, ingestion, comorbidity)



## Low risk criteria

- ✓ Age > 60 days
- Born >= 32 wks GA + corrected GA >= 45 wks
- ✓ No CPR by trained provider
- **✓** Event < 1 min, first event
- ✓ No concerning H&P

#### Disposition

Some low risk patients can be observed on CR monitor in ED for 1-6 hrs with 2 feedings

VS

Admit for CR monitoring for 6-24 hrs through 2 feeds, sleep and awake states

## Diagnostic Evaluation/ Work-up

Always discharge with CPR training and PMD follow-up

Cardiac	Neurologic	Respiratory	Infectious	Nutritional/feeding	Trauma
(1) Family hx of long QT, sudden cardiac or unexplained death, sibling SIDS/BRUE  (2) New murmur	Eye deviation, unresponsiveness, or rhythmic movements	<ul><li>(1) Paroxysmal cough, pertussis exposure</li><li>(2) Wheezing, tachypnea</li><li>(3) Stridor</li></ul>	Fever or toxic appearance	<ul><li>(1) Failing growth percentiles</li><li>(2) Choking/gagging with feeds, significant reflux</li></ul>	<ul><li>(1) Abnormal bruising or bleeding</li><li>(2) Bulging fontanel, HC &gt; 95% or increasing</li></ul>
(1) Cardiology consult and EKG (2) EKG, CXR, consider cardiology consult	Neurology consult, consider EEG	<ul><li>(1) CBC, pertussis PCR, precautions</li><li>(2) Treat bronchiolitis</li><li>(3) ORL involvement</li></ul>	CBC, cultures, CXR as indicated	(1) Check NBS, FTT eval (2) Consider feeding team evaluation	(1) NAT evaluation (2) Evaluation for increased ICP