

- 2019;40(9):443–455
6. Brand DA, Fazzari MJ. Risk of Death in Infants Who Have Experienced a Brief Resolved Unexplained Event: A Meta-Analysis. *J Pediatr*. 2018; 197:63–67
 7. Bonkowsky J, Guenther E, Filloux F, Srivastava R. Death, child abuse, and adverse neurologic outcome of infants after an apparent life-threatening event. *Pediatrics*. 2008;122(1):125–31
 8. Colombo M, Katz ES, Bosco A, Melzi mL, Nosetti L. Brief resolved unexplained events: Retrospective validation of diagnostic criteria and risk stratification. *Pediatric Pulmonology*. 2019; 54:61–65
 9. Delaroche AM, Mittal MK. But What Was “It”? Talking to Parents About BRUE. *Hosp Pediatr*. July 2019;9(7):566–568
 10. Delaroche AM, Haddad R, Farooqi A, Sapién RE, Tieder JS. Outcome Prediction of Higher-Risk Brief Resolved Unexplained Events. *Hosp Pediatr*. April 2020;10(4):303–310
 11. Gausche-Hill M, Eckstein M, Horeczko T, McGrath N, Kurobe A, et al. Paramedics Accurately Apply the Pediatric Assessment Triangle to Drive Management. *Prehosp Emerg Care*. 2014;18(4):52–530.
 12. Gausche-Hill M, Schmitz C, Lewis RL. Pediatric Preparedness of US Emergency Departments: A 2003 Survey. *Pediatrics*. Dec 2007;120(6):1229–37
 13. Gerber NL, Fawcett KJ, Weber EG, Patel R, Glick AF et al. Brief Resolved Unexplained Event: Not Just a New Name for Apparent Life-Threatening Event. *Pediatr Emerg Care*. 2020; May 28. doi: 10.1097/PEC.0000000000002069. Epub ahead of print. PMID: 32472924
 14. Guenther E, Powers A, Srivastava R, Bonkowsky JL. Abusive head trauma in children presenting with an apparent life-threatening event. *J Pediatr*. 2010;157(5):821–5
 15. Haddad R, Parker S, Farooqi A, Delaroche AM. Diagnostic Evaluation Low Yield for Patients with a Lower-Risk Brief Resolved Unexplained Event. *Global Pediatr Health*. February 2021; 8:1–7
 16. Kaji A, Claudius I, Santillanes G, et al. Apparent life-threatening event: multicenter prospective cohort study to develop a clinical decision rule for admission to the hospital. *Ann Emerg Med*. 2013;61(4):379–87
 17. Kaji A, Claudius I, Santillanes G, et al. Do infants less than 12 months of age with an apparent life-threatening event need transport to a pediatric critical care center? *Prehosp Emerg Care*. 2013; Vol 17(3):304–11
 18. Meyer JS, Stensland EG, Murzycki J, Gulen CR, Evindar A, Cardoso MZ. Retrospective Application of BRUE Criteria to Patients Presenting with ALTE. *Hosp Pediatr*. 2018;8(12):740–745
 19. Middleton KR, Burt CW. Availability of pediatric services and equipment in emergency departments: United States, 2002–03. *Adv Data*. 2006; 367:1–16
 20. Mittal M, Sun G, Baren JM. A clinical decision rule to identify infants with apparent life-threatening event who can be discharged from the emergency department. *Pediatric Emerg Care*. 2012; 28:599–605
 21. Oglesbee SJ, Roberts MH, Sapién RE. Implementing lower-risk brief resolved unexplained events guidelines reduces admissions in a modelled population. *J Eval Clin Pract*. 2020; 26:343–356
 22. Parker K, Pitetti R. Mortality and child abuse in children presenting with apparent life-threatening events. *Ped Emerg Care*. 2011;27(7):591–5
 23. Prezioso G, Perrone S, Biasucci G, Pisi G, Fainardi V, et al. Management of Infants with Brief Resolved Unexplained Events (BRUE) and Apparent Life-Threatening Events (ALTE): A RAND/UCLA Appropriateness Approach. *MDPI Life*. 2021;11(171):