

4. Transport the patient to the appropriate facility even if they appear well or have returned to their baseline

Patient Safety Considerations

1. Regardless of the patient's well appearance, all infants with a history of signs or symptoms suggestive of BRUE should be transported for further evaluation
 - a. By definition, infants who are not completely well-appearing at EMS evaluation do not meet the definition of possible BRUE and should be treated and transported according to local guidelines
2. Destination considerations
 - a. All patients should be transported to facilities with at least baseline pediatric readiness, i.e., appropriate equipment, resources, and trained staff capable of providing initial emergency care and stabilization to pediatric patients prior to hospital admission or interfacility transfer, if feasible
 - b. Consider transport to a facility with pediatric critical care capability for patients with any **high-risk criteria**:
 - i. Less than 2 months of age
 - ii. History of prematurity (less than or equal to 32 weeks gestation)
 - iii. More than one BRUE, now or in the past
 - iv. Event duration greater than 1 minute
 - v. CPR or resuscitation by caregivers or trained rescuers

Notes/Educational Pearls

Key Considerations

1. BRUE is a group of symptoms, not a disease process
2. If the infant is not completely well upon EMS arrival, this excludes possible BRUE event:
 - a. Treat and transport according to local guidelines
3. Avoid using "BRUE", "ALTE", "SIDS" (sudden infant death syndrome), or "near-miss SIDS" terminology with parent/guardian
4. EMS clinicians play a unique and important role in obtaining an accurate history soon after the event and in observing, documenting, and reporting environmental, scene and social indicators that may point to an alternate diagnosis
5. High-risk patients with a possible BRUE have worse outcomes and may require emergency department (ED) or inpatient testing, intervention, and/or follow-up
6. The determination of a BRUE is made only after hospital evaluation, not in the field:
 - a. A few of these infants will die even after hospital evaluation and treatment
7. All patients should be transported to an ED
8. Contact medical direction if parent/guardian is refusing medical care and/or transport, especially if any high-risk criteria are present

Quality Improvement

- Associated NEMSIS Protocol(s) (eProtocol.01)** (*for additional information, go to www.nemsis.org*)
- 9914197 – Medical - Apparent Life-Threatening Event (ALTE)