

## Patient Management

### Assessment

1. History
  - a. History of circumstances and symptoms before, during, and after the event, including duration, interventions done, as well as patient color, tone, breathing, feeding, position, location, activity, and level of consciousness
  - b. Other concurrent symptoms (e.g., fever, congestion, cough, rhinorrhea, vomiting, diarrhea, rash, labored breathing, fussy, less active, poor sleep, poor feeding)
  - c. Prior history of BRUE (ever, including past 24 hours)
  - d. Past medical history (e.g., prematurity, prenatal/birth complications, gastric reflux, congenital heart disease, developmental delay, airway abnormalities, breathing problems, prior hospitalizations, surgeries, or injuries)
  - e. Family history of sudden unexplained death or cardiac arrhythmia in other children or young adults
  - f. Social history: those living at home, recent household stressors, exposures to toxins/drugs, sick contacts
  - g. Considerations for possible child abuse (i.e., multiple/changing versions of the story or reported mechanism of injury does not seem plausible, especially for child's developmental stage) [See [Abuse and Maltreatment Guideline](#)]
2. Exam
  - a. Full set of vital signs (pulse, blood pressure, respiratory rate, neurologic status assessment)
  - b. General assessment:
    - i. Signs of respiratory distress or increased work of breathing (e.g., tachypnea, grunting or other abnormal breath sounds, nasal flaring, retracting, or head bobbing)
    - ii. Color, both central and peripheral (pallor, cyanosis, redness, or normal), capillary refill
    - iii. Mental status (alert, tired, lethargic, unresponsive, or irritable)
  - c. Head to toe exam, including:
    - i. Physical exam for signs of trauma or neglect
    - ii. Pupillary response and anterior fontanelle

### Treatment and Interventions

1. Monitoring (all patients with possible BRUE)
  - a. Continuous cardiac monitor
  - b. Continuous pulse oximetry
  - c. Serial observations during transport for change in condition
  - d. Check point-of-care (POC) blood glucose and treat symptomatic hypoglycemia [See [Hypoglycemia Guideline](#)]
2. Airway
  - a. Give supplemental oxygen for signs of respiratory distress or hypoxemia — escalate from a nasal cannula to a simple face mask to a non-rebreather mask as needed [See [Airway Management Guideline](#)]
  - b. Suction excessive secretions from the nose and/or mouth (using bulb syringe or suction catheter) [See [Pediatric Respiratory Distress \(Bronchiolitis\) Guideline](#)]
3. Utility of IV placement and fluids
  - a. Routine IVs should **not** be placed on all suspected BRUE patients
  - b. IVs should be placed only for clinical concerns of shock or to administer IV medications