



Pediatric-Specific Guidelines

Brief Resolved Unexplained Event (BRUE) & Acute Events in Infants

Aliases

Apparent Life-Threatening Event (ALTE)

Patient Care Goals

1. Recognize patient characteristics and symptoms consistent with a BRUE
2. Promptly identify and intervene for patients who require escalation of care
3. Choose proper destination for patient transport

Patient Presentation

Inclusion Criteria

1. **Suspected BRUE:** An event in an infant less than 1 year old reported by a bystander as sudden, brief (less than 1 minute), unexplained, and completely resolved upon EMS arrival that includes one or more of the following:
 - a. Breathing change (absent, decreased, or irregular)
 - b. Color change (central cyanosis or pallor)
 - c. Marked change in muscle tone (hyper- or hypotonia)
 - d. Altered level of responsiveness (increased, irritability, or decreased)

Exclusion Criteria

1. Any signs or symptoms suggestive of underlying or acute illness or injury present upon EMS evaluation, such as:
 - a. Abnormal vital signs for age (including fever)
 - b. Vomiting
 - c. Signs of trauma
 - d. Noisy or labored breathing
2. Identifiable cause for the event, such as:
 - a. Gastric reflux (spitting up)
 - b. Swallowing dysfunction
 - c. Nasal congestion or excessive secretions from the nose and/or mouth
 - d. Periodic breathing of the newborn
 - e. Breath-holding spell
 - f. Change in tone associated with choking, gagging, crying, feeding
 - g. Seizure (e.g., eye deviation, nystagmus, tonic-clonic activity)
 - h. Hypoglycemia
 - i. Significant past medical history (e.g., congenital heart disease, pulmonary disease, VP shunt, or seizure disorder)
 - j. Need for IV medication administration
3. History or exam concerning for child abuse or neglect
4. Color change that involved only redness (e.g., in the face) or isolated hands/feet cyanosis