

Pediatric Brief Resolved Unexplained Event (BRUE)

An infant ≤ 1 year who experienced an episode frightening to the observer, which is characterized by: Cyanosis or pallor; absent, decreased, or irregular breathing; choking or gagging; change in muscle tone; or altered level of consciousness

History

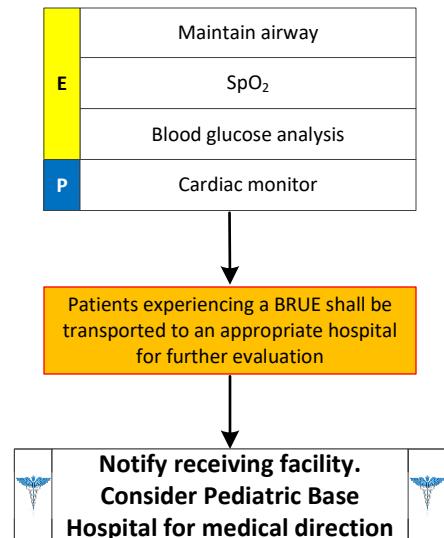
- Recent trauma, infection (e.g., fever, cough)
- GERD
- Congenital heart disease
- Seizures
- Medications

Signs and Symptoms

- Brief decrease/change in mentation
- Brief period of cyanosis or pallor
- Brief absence, decrease or irregular respirations
- Brief marked change in muscle tone
- Brief altered responsiveness

Differential

- GERD
- Pertussis
- Respiratory infection
- Seizure
- Infection
- Abuse



Pearls

- BRUE was formally known as Apparent Life Threatening Event (ALTE).
- BRUE is formally diagnosed in the ED only when there is no explanation for a qualifying event after a physician conducts an appropriate history and physical examination.
- Base Hospital contact is required for all BRUE non-transports.
- Always consider non-accidental trauma in any infant who presents with BRUE.
- Even with a normal physical examination at the time of EMS contact, patients that have experienced BRUE should be transported for further evaluation.
- It is important to document sleeping position as parent co-sleeping with child is associated with infant deaths.

