

Pediatric Brief Resolved Unexplained Event (BRUE)

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

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
- altered level of consciousness

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| | Airway TG, <i>if indicated</i> |
| | Blood glucose analysis |
| | Cardiac monitor |
| | 12-Lead ECG, <i>if indicated</i> |

Patients experiencing a BRUE should be transported to an appropriate hospital for further evaluation



Contact the Base Hospital for all AMA requests

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| | Notify receiving facility. Contact Base Hospital for medical direction, as needed. | |
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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.
- 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.



Treatment Guideline P05