

# 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  $\leq 1$  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

E	 Airway TG, <i>if indicated</i>
	Blood glucose analysis
P	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

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

Pediatric Treatment Guidelines

### 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.

