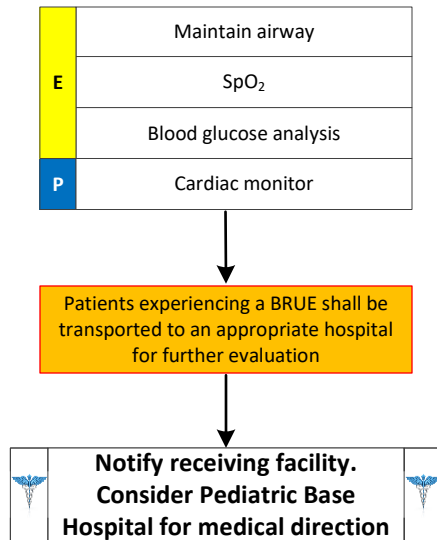


# Pediatric Brief Resolved Unexplained Event (BRUE)

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

<p><b>History</b></p> <ul style="list-style-type: none"> <li>• Recent trauma, infection (e.g., fever, cough)</li> <li>• GERD</li> <li>• Congenital heart disease</li> <li>• Seizures</li> <li>• Medications</li> </ul>	<p><b>Signs and Symptoms</b></p> <ul style="list-style-type: none"> <li>• Brief decrease/change in mentation</li> <li>• Brief period of cyanosis or pallor</li> <li>• Brief absence, decrease or irregular respirations</li> <li>• Brief marked change in muscle tone</li> <li>• Brief altered responsiveness</li> </ul>	<p><b>Differential</b></p> <ul style="list-style-type: none"> <li>• GERD</li> <li>• Pertussis</li> <li>• Respiratory infection</li> <li>• Seizure</li> <li>• Infection</li> <li>• Abuse</li> </ul>
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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.
- Base Hospital contact is required for all BRUE non-transport.
- 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.