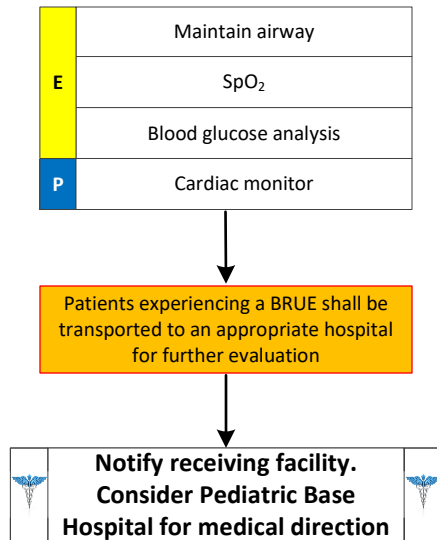


Pediatric Brief Resolved Unexplained Event (BRUE)

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>History</p> <ul style="list-style-type: none"> • Recent trauma, infection (e.g., fever, cough) • GERD • Congenital heart disease • Seizures • Medications 	<p>Signs and Symptoms</p> <ul style="list-style-type: none"> • 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 	<p>Differential</p> <ul style="list-style-type: none"> • GERD • Pertussis • Respiratory infection • Seizure • Infection • Abuse
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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.