



**Pediatric Specific**  
**BRIEF RESOLVED UNEXPLAINED EVENT - BRUE**  
**(previously 'ALTE')** Practice Guideline

**Patient Care Goals**

1. Identify infants who experience brief, resolved, unexplained events (BRUE)
2. Identify High or Low risk for recurrence and adverse outcome
3. Advocate for pt transport via EMS for continued monitoring
4. Encourage parent/caregiver of importance of period of monitoring in ED and re-evaluation by a physician.

**Patient Presentation:**  
Inclusion Criteria  
 Infant less than 1 yr old  
Exclusion Criteria  
 Infant is still experiencing symptoms of episode

**Patient Management:**  
 \*\*A thorough history and physical exam are the cornerstones of BRUE assessment

**High risk**

- Increased risk of recurrence of events or eventual adverse outcomes
- May be asymptomatic during EMS exam, however should be monitored closely & transported to peds hospital

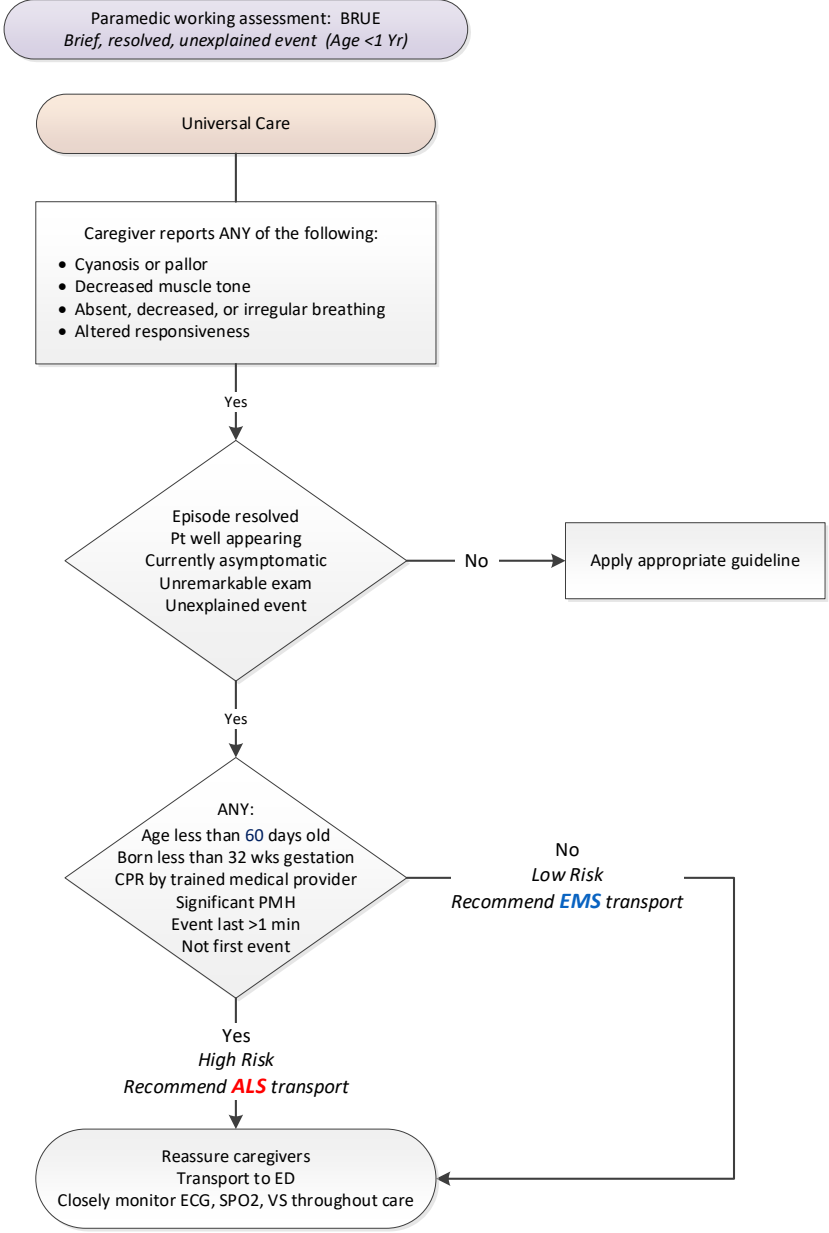
**Low risk**

- Unlikely to have a recurrent event or undiagnosed serious condition and are at a lower risk of adverse outcomes.
- Transport to ED should be explained to parents as a highly precautionary measure
- Pts likely to be monitored in ED for a couple hours

**Patient Safety Considerations:**  
 Routine IV not recommended unless concern for shock

**Quality Improvement:**  
 Key Documentation Elements  
 Reported event symptom(s) and duration,  
 Prior episodes  
 Birth gestation  
 Care prior to EMS arrival  
 High risk or Low risk determination  
 Refusals: documentation of EMS recommendation and discussion of risk.

**Attempt to determine cause**  
 Consider: airway obstruction, cardiac abnormality, opiate, hypoglycemia, sepsis, respiratory tract infections, seizures, metabolic syndromes, trauma



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