

## 2.5 Brief Resolved Unexplained Event (BRUE)

Brief Resolved Unexplained Event (BRUE) – formerly known as ALTE

An event occurring in an infant < 1 year old when the observer reports a sudden, brief and now resolved episode of 1 or more of the following:

- Cyanosis or pallor
- Absent, decreased or irregular breathing
- Marked change in tone (hyper or hypotonia)
- Altered level of responsiveness.

### EMT/ADVANCED/PARAMEDIC STANDING ORDERS

- Routine Patient Care.
- Perform blood glucose analysis and manage per [Hypo/Hyperglycemia Protocols 2.7 & 2.9P](#).
- Obtain history of event with particular attention to:
  - Activity at onset and history of the event
  - State during the event (cyanosis, apnea, coughing, gagging, vomiting)
  - End of the event (duration, gradual or abrupt cessation, treatment provided)
  - Infant's condition after the event (normal, not normal)
  - Recent history (illness, injuries, exposure to others with illness, use of OTC medications, recent immunizations, new or different formula).
  - Past medical history (gestational age, pre-/perinatal history, GERD, seizures, previous BRUE).
  - Family history (sudden unexplained deaths, prolonged QT, arrhythmias).
  - Medications present in the residence
  - Sleeping position
  - Co-sleeping with parent in the same bed.
- Transport patient to the hospital.

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Although children who experience BRUE may have a normal physical exam upon assessment by prehospital personnel, they should be transported to the emergency department for further assessment and treatment as they often have a serious underlying condition. Assume history provided by the family/witness is accurate.

### PEARLS

- BRUE is not a disease, but a symptom. Common etiologies include central apnea (immature respiratory center), obstructive apnea (structural), GERD (laryngospasm, choking, gagging), respiratory (pertussis, RSV), cardiac (CHD, arrhythmia), seizures.
- Always consider non-accidental trauma in any infant who presents with BRUE, see [Victims of Violence Protocol 8.20](#).