Advocate Children's Hospital BRUE Pathway

**BRUE Diagnosis**

- Patient presents for initial medical assessment after a brief, resolved event that was observed by caregiver in a child <1 year of age
- Patient is well-appearing
- Patient has additional symptoms or abnormal vital signs (e.g., cough, respiratory difficulties, or fever)

**Clinician characterizes the event as a sudden, brief, and now resolved episode of one or more of the following:**
- Cyanosis or pallor
- Absent, decreased, or irregular breathing
- Marked change in tone (hyper- or hypotonia)
- Altered responsiveness

**Event criteria absent**

**Explanations for event identified (e.g., GER, feeding difficulties, or atopy abnormality)**

- Not a BRUE

**Out of guideline scope; manage accordingly**

**BRUE Risk Classification**

- No concerns identified from history and PE
- Concerns identified from history or PE (e.g., FH of sudden cardiac death or subtle, non-diagnostic somatic or respiratory problems)

**Apply risk stratification**
- Age >60 days
- Born ≤32 wks gestation and corrected gestational age >45wks
- No CPR by trained medical provider
- Event lasted <1 minute
- First event

**Yes**

**Higher Risk Patient**

**Lower Risk Patient**

**Management Recommendations for Lower Risk Patients**

**Should**
- Educate caregivers about BRUEs and engage in shared decision-making to guide evaluation, disposition, and follow-up
- Offer resources for CPR training to caregiver

**Should Not**
- Obtain WBC count, blood culture, or CSF analysis or culture, serum sodium, potassium, chloride, blood urea nitrogen, creatinine, calcium, ammonia, blood gases, urine organic acids, plasma amino acids or acylcarnitines, chest radiograph, echocardiogram, EEG, studies for GER
- Initiate home cardio-respiratory monitoring
- Prescribe sedation suppression therapy or anti-epileptic medications

**May**
- Obtain pertussis testing and 12-lead ECG
- Briefly monitor patients with continuous pulse oximetry and serial observations

**Need Not**
- Obtain viral respiratory test, urinalysis, blood glucose, serum bicarbonate, serum lactic acid, laboratory evaluation for anemia, or neuroimaging
- Admit the patient to the hospital solely for cardio-respiratory monitoring

Figure 1. Diagnosis, risk classification, and recommended management of a BRUE. "Brief Resolved Unexplained Events (Formerly Apparent Life-Threatening Events) and Evaluation of Lower-Risk Infants" Joel S. Tieder et al. AAP Clinical Practice Guideline April 2016.