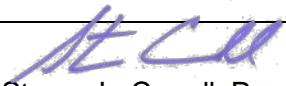



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Brief Resolved Unexplained Event (BRUE)		Policy Number: 724	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2018	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: June 1, 2018	
Origination Date:	March, 2005	Effective Date: June 1, 2018	
Date Revised:	March 8, 2018		
Date Last Reviewed:	March 8, 2018		
Review Date:	March 31, 2021		

- I. **PURPOSE:** To define and provide guidelines for the identification and management of pediatric patients with a Brief Resolved Unexplained Event (BRUE).
- II. **AUTHORITY:** Health and Safety Code, Sections 1797.220 and 1798.
- III. **POLICY:** All EMS personnel should be knowledgeable with BRUE and follow the guidelines listed below.
- IV. **PROCEDURE:**
  - A. **Recognition:**
    1. Chief Complaint.
      - a. BRUEs (or "ALTEs" as previously termed) usually occur in infants under 12 months old, however; any child less than 2 years of age who exhibits any of the symptoms listed below should be considered an BRUE.
      - b. A Brief Resolved Unexplained Event (BRUE) is any episode that is frightening to the observer (may even think infant or child has died) and usually involves any combination of the following symptoms:
        - 1) Marked change or loss in muscle tone
        - 2) Color change (cyanosis, pallor, erythrim, plethora)
        - 3) Absent, decreased, or irregular breathing
        - 4) Loss of consciousness or altered level responsiveness
    2. History:
      - a. Hx of any of the following:
        - 1) Absent, decreased, or irregular breathing
        - 2) Loss of consciousness or other altered level of responsiveness
        - 3) Color change
        - 4) Loss in muscle tone
        - 5) Episode of choking or gagging

- b. Determine the severity, nature and duration of the episode.
    - 1) Was child awake or sleeping at time of episode?
    - 2) What resuscitative measures were taken?
  - c. Obtain a complete medical history to include:
    - 1) Known chronic diseases?
    - 2) Evidence of seizure activity?
    - 3) Current or recent infections?
    - 4) Recent trauma?
    - 5) Medication history?
    - 6) Known gastro esophageal reflux or feeding difficulties?
    - 7) Unusual sleeping or feeding patterns?
3. Treatment
- a. **Assume the history given is accurate.**
  - b. Perform a comprehensive physical assessment that includes general appearance, skin color, extent of interaction with the environment, and evidence of current or past trauma. **Note: Exam May Be Normal**
  - c. Treat any identifiable causes as indicated.
  - d. Transport. **Note:** Base Hospital contact required.
4. Precautions and Comments
- a. In most cases, the infant/child will have a normal physical exam when assessed by prehospital personnel. The parent/caregiver's perception that "something is or was wrong" must be taken seriously.
  - b. Approximately 40-50% of BRUE cases can be attributed to an identifiable cause(s) such as child abuse, , swallowing dysfunction, gastro esophageal reflux, infection, bronchiolitis, seizures, CNS anomalies, cardiac disease, chronic respiratory disease, upper airway obstruction, metabolic disorders, or anemia. The remaining causes have no known etiology.
  - c. Keep in mind, especially if the parent/guardian declines transportation, that child abuse is one cause of BRUE.
-