**Short-lived event?**

- Younger than one year old?
- Normal exam?
- At least one characteristic:
  - Pallor/cyanosis
  - Absent, decreased, or irregular breathing
  - Altered level of consciousness
  - Hypertonia or hypotonia

**INQUIRE**

- GER, URI, Seizures
- Airway issues, Sepsis, Cardiac,
- NAT, Congenital anomalies,
- Drugs/toxins, GI, IEM, Metabolic,
- Endocrine, Neurologic, Respiratory

**IDENTIFY**

- Obtained a detailed history of before, during, and after the event; past and family history (especially cardiac and neurologic disorders); physical examination, labs, and imaging as indicated.
- Consider environmental and social factors and ALWAYS consider CHILD MALTREATMENT.

**INTERVENE**

- Common Causes
- Rare Causes

**Low-Risk**

- More than 60 days old
- More than 32 weeks gestation
- First episode
- Lasted for less than 1 minute
- No CPR by a trained professional
- Normal exam

**High-Risk**

- Younger than 60 days old
- Less than 32 weeks gestation
- Lasted for more than 1 minute
- CPR by a trained professional
- Irregular exam

**Low-Risk**

- EKG
- Observe and monitor in the ED
- Do NOT need:
  - CBC for anemia
  - Electrosytes
  - Neuroimaging for NAT
  - ECG analysis

**High-Risk**

- ECHO
- Polysomnography
- Discharge home on apnea monitors
- Prescribe antiepileptic or acid suppression
- Admission

**Lower risk**

- Focus on education
- Provide follow-up and support for caregivers
- Manage parental anxiety
- Treat underlying condition

**Higher risk**

- Admit for inpatient observation

**PEM NUGGETS**

- DO NOT use the term ALTE (Apparent Life-Threatening Event). It is nonspecific and reinforces parental anxiety.
- BRUE describes an event, not an entity itself, and it is UNEXPLAINED by definition.
- If you discover an explanation for the event, it is not BRUE.

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