

BRIEF RESOLVED UNEXPLAINED EVENT (BRUE)

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

A frightening episode to the observer characterized by some combination of:

- Apnea (central or obstructive)
- Color change (cyanosis, pallor, erythema)
- Marked change in muscle tone
- Unexplained choking or gagging

PHYSICIAN CONSULT

- Parent/Designated Decision Maker (DDM) refuses medical care and/or transport

CRITICAL INFORMATION

- Measure with color-coded resuscitation tape and treat according to the Pediatric Dosing Guide (P18A). Apply corresponding wrist band.
- Neonate = birth to four weeks; infant = four weeks to 1 year; child = 1-14 years;
- adolescent = >14 years
- Although BRUE usually occurs in patients < 12 months, any patient under 24 months who experiences any of the above indications should be considered
- Medical history: cardiac arrhythmias/anomalies, child abuse, meningitis, near SIDS, seizures, sepsis, toxic exposure, trauma

TREATMENT

- ALS RMC
- Check blood glucose and treat if < 60 mg/dl (< 40 mg/dl if neonate):
 - Neonate = **D10W** 2 ml/kg IV/IO over 10 minutes
 - > Neonate: **D10W** 5 ml/kg IV/IO over 10 minutes
 - If unable to establish vascular access; **Glucagon** .03 mg/kg (max = 1 mg) IM; MR x 2 q 15 minute intervals

SPECIAL CONSIDERATION

- Most BRUE patients have a normal physical exam
- Assume parental history is real. Encourage transport no matter how well the patient might appear.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Severity, nature and duration of the episode
- General appearance of the patient, skin color, extent of interaction with the environment
- Evidence of trauma

RELATED POLICIES/ PROCEDURES

- Suspected Abuse/ Neglect/ Human Trafficking GPC 9
- Pediatric Dosing Guide P18A