



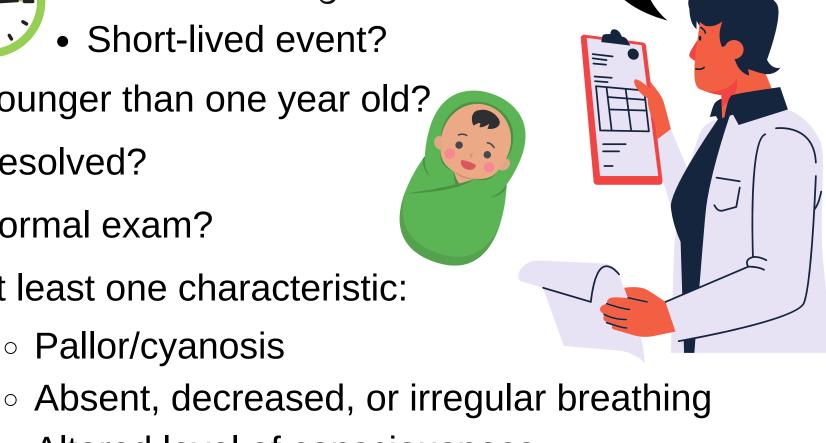
Younger than one year old?

Short-lived event?

- Resolved?
- Normal exam?
- At least one characteristic:
- Pallor/cyanosis



- Altered level of consciousness Hypertonia or hypotonia





More than 32 weeks gestation

Older than 60 days

old

- First episode Lasted for less than 1 minute
- professional Normal exam

No CPR by a trained

- days old • Less than 32 weeks

gestation

Younger than 60

- Not the first episode Lasted for more than
- 1 minute CPR by a trained
- professional Irregular exam
- FRIGHTENING EPISODE

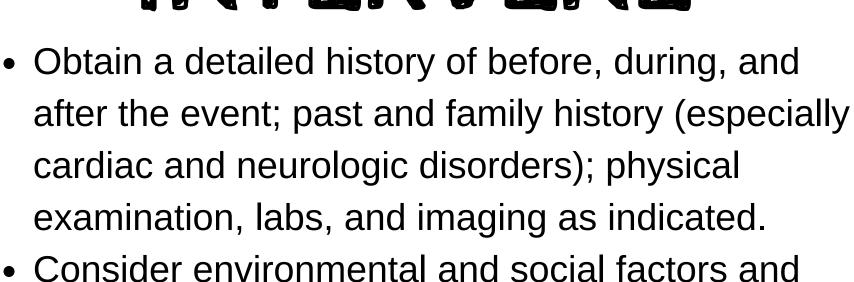
## **Common Causes** GER, URI, Seizures

 Airway issues, Sepsis, Cardiac, NAT, Congenital anomalies,

Rare Causes

Endocrine, Neurologic, Respiratory INTERVENE

Drugs/toxins, GI, IEM, Metabolic,



Low-Risk

ALWAYS consider CHILD MALTREATMENT.

Observe and monitor in the ED Pertussis PCR

• EKG

**High-Risk** 

 Viral panel Electrolytes

CBC for anemia

IEM (glucose, lactic

acid, or bicarbonate)

Neuroimaging for NAT

DO NOT NEED:

Work up as indicated

 CSF analysis • EEG

o CXR

Higher risk

Lower risk

ECHO

Prescribe

Admission

suppression

Polysomnography

apnea monitors

Discharge home on

antiepileptic or acid

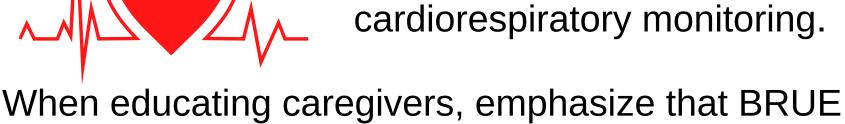
- Focus on education Provide follow-up and support for caregivers Manage parental anxiety

Treat underlying condition

or apparent cause

Admit for inpatient

observation



does not imply SIDS risk, discourage home monitors, encourage sleep hygiene, show basic CPR, and provide psychosocial support.

BRUE describes an event, not an

for the event, it is not BRUE.

For higher-risk events, admit for

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