Off pathway; manage

accordingly

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Children's Mercy KANSAS CITY

Inclusion criteria:

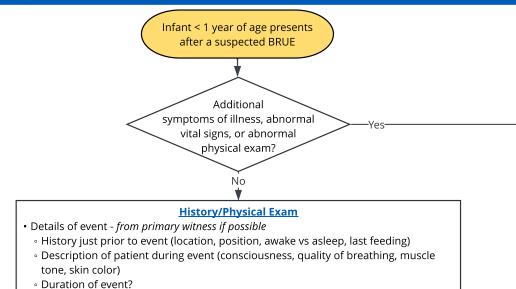
- Observer reports a sudden, brief, now resolved event including > 1 of the following:
- Cyanosis or pallor
- Absent, decreased, or irregular breathing
- Marked change in tone (hyper- or hypotonia)
- Altered level of consciousness
- No known explanation for qualifying event

Considerations for possible child abuse:

- Multiple or changing versions of event history
- Event circumstances inconsistent with child's developmental stage
- Unexplained bruising
- Torn frenulum
- For additional considerations see "Child Abuse Toolkit" on Scope

Lower-Risk BRUE criteria:

- Age > 60 days
- Gestational age at birth ≥ 32 weeks AND corrected gestational age ≥ 45 weeks
- · No history of BRUE
- Single event
- Duration of event < 1 minute
- No CPR required by trained medical provider
- No concerning historical features or physical exam findings (concerns found here)



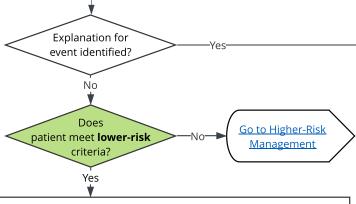
Past medical history (including birth history, growth/development, prior BRUE/ALTE)
Family history (e.g., sudden, unexplained deaths in first- or second-degree relatives

Family history (e.g., sudden, unexplained deaths in first- or second-degree relative before 35 yrs, sibling with past BRUE/ALTE)

- Environmental exposure/access to medications or other toxic substances
- Social history (including who cares for the child in what setting, prior child protective services or law enforcement involvement)
 - Consider risk factors for possible child abuse

• Did it end spontaneously or with intervention?

• Who reported and how reliable is the source?



Lower-Risk BRUE Management

Recommend:

- Provide BRUE/Safe Sleep education care card found in depart
- Provide resources for CPR training place order for "CPR education" in BRUE powerplan
- Use shared decision-making to guide disposition and follow-up

May consider:

- Brief observation period (1 4 hours) with continuous pulse oximetry and serial observations
- Pertussis PCR; consider treatment if high suspicion (i.e., known/suspected exposure, underimmunized, endemic region, or during outbreaks)
- 12-lead ECG

NOT recommended:

- CBC, BMP, blood culture, CSF fluid analysis or culture, respiratory pathogen testing, urinalysis, blood gases, echo, EEG, chest x-ray, or neuroimaging unless a specific indication is identified
- Empiric medications, including anti-epileptics or acid-suppression therapy
- · Admitting patient soley for cardiorespiratory monitoring
- Home cardiorespiratory monitoring

Discharge home

• Provide education as above

• PCP follow-up in 1-2 days

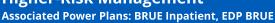
ALTE = apparent life-threatening event BRUE = brief resolved unexplained event

Abbreviations:

ECG = electrocardiogram
EEG =

electroencephalogram





Higher-Risk BRUE criteria:

- Age <u><</u> 60 days
- · Gestational age at birth
- < 32 weeks AND corrected gestational age < 45 weeks
- · Recurrent event or occurring in clusters
- Duration of event > 1 minute
- · CPR required by trained medical provider
- Concerning historical features or physical exam findings (concerns found here)





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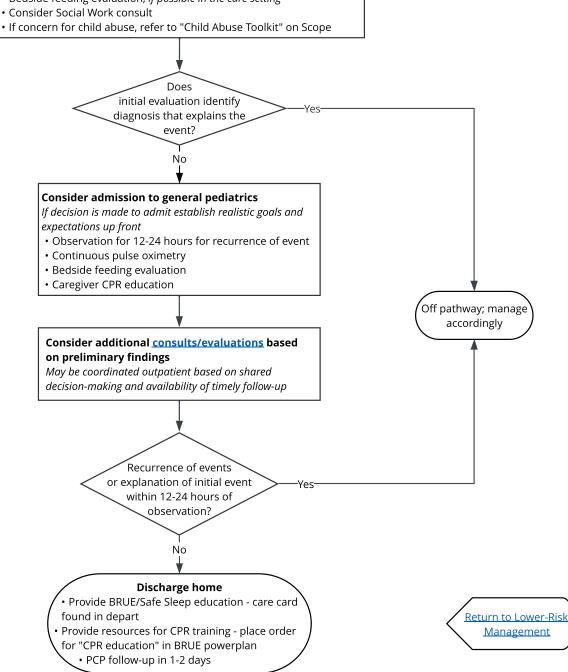
Higher-Risk BRUE Management

Patient meets higher-risk

BRUE criteria

Initial evaluation based on clinical judgement may include:

- Review <u>Differential Diagnosis</u>
- Continuous pulse oximetry for at least 4 hours
- 12-lead ECG
- Respiratory panel PCR (includes pertussis)
- Blood glucose, bicarbonate or venous blood gas, lactate, hematocrit
- Bedside feeding evaluation, if possible in the care setting
- · Consider Social Work consult



Abbreviations: ALTE = apparent life-threatening event BRUE = brief resolved unexplained event ECG = electrocardiogram