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CLINICAL PATHWAY:

Brief Resolved Unexplained Event (BRUE)

Appendix A: Historical Features to Consider in the Evaluation of a Potential BRUE

THIS PATHWAY
SERVES AS A GUIDE
AND DOES NOT
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Considerations for Possible Child Abuse:
Multiple or changing versions of the history/circumstances
History/circumstances inconsistent with child's developmental stage
History of unexplained bruising
Incongruence between caregiver expectations and child's developmental stage, including assigning negative attributes to the child
History of the Event:
General description
Who reported the event?
Witness of the event? Parent(s), other children, other adults? Reliability of historian(s)?
State immediately before the event:
Where did it occur (home/elsewhere, room, crib/floor, etc)?
Awake or asleep?
Position: supine, prone, upright, sitting, moving?
Feeding? Anything in the mouth? Availability of item to choke on? Vomiting or spitting up?
Objects nearby that could smother or choke?
State during the event:
Choking or gagging noise?
Active/moving or quiet/flaccid?
Conscious? Able to see you or respond to voice?
Muscle tone increased or decreased?
Repetitive movements?
Appeared distressed or alarmed?
Breathing: yes/no, struggling to breathe?
Skin color: normal, pale, red, or blue?
Bleeding from nose or mouth?
Color of lips: normal, pale, or blue?
End of event:
Approximate duration of the event?
How did it stop: with no intervention, picking up, positioning, rubbing or clapping back, mouth-to-mouth, chest compressions, etc?
End abruptly or gradually?
Treatment provided by parent/caregiver (eg, glucose-containing drink or food)?
911 called by caregiver?
State after event:
Back to normal immediately/gradually/still not there?
Before back to normal, was quiet, dazed, fussy, irritable, crying?
Recent History:
Illness in preceding day(s)?
If yes, detail signs/symptoms (fussiness, decreased activity, fever, congestion, rhinorrhea, cough, vomiting, diarrhea, decreased intake, poor sleep)
Injuries, falls, previous unexplained bruising?
Past Medical History:
Pre-/perinatal history
Gestational age
Newborn screen normal (for IEMs, congenital heart disease)?
Previous episodes/BRUE?
Reflux? If yes, obtain details, including management.
Breathing problems? Noisy ever? Snoring?
Growth patterns normal?
Development normal? Assess a few major milestones across categories. Any concerns about development or behavior?



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CLINICAL PATHWAY:

Brief Resolved Unexplained Event (BRUE)

Appendix A: Historical Features to Consider in the Evaluation of a Potential BRUE

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Illnesses, injuries, emergencies?
Previous hospitalization, surgery?
Recent immunization?
Use of over-the-counter medications?
Family History:
Sudden unexplained death (including unexplained car accident or drowning) in first- or second-degree family members before age 35, and particularly as an infant?
Apparent life-threatening event in sibling?
Long QT syndrome?
Arrhythmia?
Inborn error of metabolism or genetic disease?
Developmental delay?
Environmental History:
Housing: general, water damage, or mold problems?
Exposure to tobacco smoke, toxic substances, drugs?
Social History:
Family structure, individuals living in home?
Housing: general, mold?
Recent changes, stressors, or strife?
Exposure to smoke, toxic substances, drugs?
Recent exposure to infectious illness, particularly upper respiratory illness, paroxysmal cough, pertussis?
Support system(s)/access to needed resources?
Current level of concern/anxiety; how family manages adverse situations?
Potential impact of event/admission on work/family?
Previous child protective services or law enforcement involvement (eg, domestic violence, animal abuse), alerts/reports for this child or others in the family (when available)?
Exposure of child to adults with history of mental illness or substance abuse?

Source: *Brief Resolved Unexplained Events (Formerly Apparent Life-Threatening Events) and Evaluation of Lower-Risk Infants Pediatrics Apr 2016, e20160590; DOI: 10.1542/peds.2016-0590*



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CLINICAL PATHWAY:

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Appendix A: Physical Examination Features to Consider in the Evaluation of a Potential BRUE

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General Appearance:
Craniofacial abnormalities (mandible, maxilla, nasal)
Age-appropriate responsiveness to environment
Growth Variables:
Length, weight, occipitofrontal circumference
Vital Signs:
Temperature, pulse, respiratory rate, blood pressure, oxygen saturation
Skin:
Color, perfusion, evidence of injury (eg, bruising or erythema)
Head:
Shape, fontanelles, bruising or other injury
Eyes:
General, extraocular movement, pupillary response
Conjunctival hemorrhage
Retinal examination, if indicated by other findings
Ears:
Tympanic membranes
Nose and Mouth:
Congestion/coryza
Blood in nares or oropharynx
Evidence of trauma or obstruction
Torn frenulum
Neck:
Mobility
Chest:
Auscultation, palpation for rib tenderness, crepitus, irregularities
Heart:
Rhythm, rate, auscultation
Abdomen:
Organomegaly, masses, distention
Tenderness
Genitalia:
Any abnormalities
Extremities:
Muscle tone, injuries, limb deformities consistent with fracture
Neurologic:
Alertness, responsiveness
Response to sound and visual stimuli
General tone
Pupillary constriction in response to light
Presence of symmetrical reflexes
Symmetry of movement/tone/strength

Source: Brief Resolved Unexplained Events (Formerly Apparent Life-Threatening Events) and Evaluation of Lower-Risk Infants Pediatrics Apr 2016, e20160590; DOI: 10.1542/peds.2016-0590



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Brief Resolved Unexplained Event: What Parents and Caregivers Need to Know



What is a brief resolved unexplained event?

A brief resolved unexplained event (or BRUE for short) occurs suddenly and can be scary for parents and caregivers. A brief resolved unexplained event is a diagnosis made after your baby's doctor or health care professional has examined your baby and determined that there was no known concerning cause for the event.

When a brief resolved unexplained event occurs, babies may seem to stop breathing, their skin color may change to pale or blue, their muscles may relax or tighten, or they may seem to pass out. After a brief period of time, they recover (with or without any medical help) and are soon back to normal.

Though we can never say that a baby who has had a brief resolved unexplained event is at *no risk* for future problems, we can say that babies are at lower risk if

- They are older than 60 days.
- They were born on time (not premature).
- They did not need CPR (cardiopulmonary resuscitation) by a health care professional.
- The brief resolved unexplained event lasted less than 1 minute.
- This was their only such event.

Frequently asked questions after a brief resolved unexplained event

Q: Why did my baby have this event?

A: Your baby's doctor was unable to find a cause based on the results of your baby's examination and cannot tell you why this event happened. If it happens again or your baby develops additional problems, contact your baby's doctor or health care professional. The doctor may decide to have your baby return for another visit.

Q: Should my baby stay in the hospital?

A: Babies who are felt to be at lower risk by their doctors or health care professionals do not need to stay in the hospital. They are safe to go home without doing blood tests or imaging that uses x-rays, and they do not need home monitoring of their heart or lungs.

Q: Does having a brief resolved unexplained event increase my baby's risk for sudden infant death syndrome (SIDS)?

A: No—though the causes of SIDS are not known, events like these do not increase the risk of SIDS. For all babies, it is important to create a safe home and sleeping environment. Your baby should not be exposed to smoky

environments. Visit www.HealthyChildren.org/safesleep to learn more about how to create a safe sleeping environment for your baby.

Q: What should I do if it happens again?

A: If you are worried that this new event is life threatening, call 911 or your local emergency numbers. If not, call your baby's doctor if you have any questions or worries and to let the doctor know about the event.

Q: Does my baby need extra care after having a brief resolved unexplained event? Is my baby more delicate or weak?

A: No special care is needed. Continue to love and care for your baby as you normally do.

A few important reminders for parents and caregivers of healthy infants

- Remember to take your baby to regular well-child visits to help keep your child healthy and safe.
- Though your baby is not more likely to need it, it is a good idea for everyone who cares for an infant to learn CPR. If you know CPR, you may also use it one day to help someone else in need. For classes near you, contact your child's doctor, the American Red Cross, the American Heart Association, or a national or local organization that offers training.

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

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Evento breve inexplicable resuelto: lo que los padres y cuidadores deben saber



(Brief Resolved Unexplained Event)

¿Qué es un evento breve inexplicable resuelto?

Un evento breve inexplicable resuelto (brief resolved unexplained event, BRUE por sus siglas en Inglés) se produce repentinamente y puede ser aterrador para los padres y cuidadores. Un evento breve inexplicable resuelto es un diagnóstico realizado después de que el pediatra o el profesional de asistencia médica ha examinado a su bebé y determinó que no hay una causa conocida en relación con el evento.

Cuando se produce un evento breve inexplicable resuelto, puede parecer que los bebés dejan de respirar, su piel puede empalidecer o volverse azul, sus músculos pueden relajarse o contraerse, o puede parecer que van a desmayarse. Al poco tiempo se recuperan (con o sin ayuda médica) y pronto vuelven a la normalidad.

Aunque nunca podemos decir que un bebé que ha tenido un evento breve inexplicable resuelto no corre ningún riesgo de problemas en el futuro, podemos decir que los bebés corren menos riesgo si

- Tienen más de 60 días.
- Nacieron a término (no son prematuros).
- No necesitaron RCP (resucitación cardiopulmonar) de un profesional de asistencia médica.
- El evento breve inexplicable resuelto duró menos de 1 minuto.
- Este fue su único evento de este tipo.

Preguntas frecuentes después de un evento breve inexplicable resuelto

P: ¿Por qué mi bebé tuvo este evento?

R: El pediatra de su bebé no pudo encontrar una causa sobre la base de los resultados del examen de su bebé y no puede decirle por qué se ha producido este evento. Si vuelve a producirse o su bebé desarrolla otros problemas, póngase en contacto con el pediatra o el profesional de asistencia médica de su bebé. Es posible que el pediatra le pida que vuelva a llevar a su bebé para otra visita.

P: ¿Debe ser hospitalizado mi bebé?

R: Los bebés considerados de bajo riesgo por sus pediatras o profesionales de asistencia médica no necesitan ser hospitalizados. Pueden volver a sus hogares con seguridad sin realizar análisis de sangre ni radiografías, y no necesitan un control domiciliario del corazón o de los pulmones.

P: ¿Al tener un evento breve inexplicable resuelto, aumenta el riesgo de que mi bebé sufra el síndrome de muerte súbita del lactante (*sudden infant death syndrome, SIDS*)?

R: No, si bien no se conocen las causas del SIDS, los eventos como estos no aumentan el riesgo de tal síndrome. Para todos los bebés, es importante crear un entorno de hogar y sueño seguros. Su bebé no debe estar expuesto a ambientes donde haya humo. Visite www.HealthyChildren.org/safesleep para obtener más información sobre cómo crear un ambiente de sueño seguro para su bebé.

P: ¿Qué debo hacer si vuelve a suceder?

R: Si le preocupa que este nuevo evento ponga la vida de su bebé en peligro, llame al 911 o a sus números de emergencia locales. Si no, llame al pediatra de su bebé si tiene alguna pregunta o preocupación, y para informarle sobre el evento.

P: ¿Mi bebé necesita cuidados adicionales después de tener un evento breve inexplicable resuelto? ¿Es mi bebé más delicado o débil?

R: No se necesitan cuidados especiales. Siga amando y cuidando a su bebé como lo haría normalmente.

Algunos recordatorios importantes para los padres de bebés saludables

- Recuerde llevar a su bebé a las visitas de control regulares para mantenerlo sano y seguro.
- Aunque no es más probable que su bebé lo necesite, es una buena idea que todas las personas que cuiden a un bebé aprendan RCP. Si sabe RCP, es posible que también la use algún día para ayudar a alguien que lo necesite. Para saber si se dictan clases cerca de su domicilio, póngase en contacto con el pediatra de su hijo, la Cruz Roja Americana, la Asociación Americana del Corazón (*American Heart Association*), o una organización nacional o local que ofrezca formación.

La lista de recursos no implica que American Academy of Pediatrics (AAP) los avale. AAP no se responsabiliza por el contenido de los recursos externos. Al momento de la publicación, la información estaba vigente.

La información incluida en esta publicación no debe usarse como reemplazo de la atención médica y los consejos de su pediatra. Es posible que haya variaciones en el tratamiento que su pediatra pueda recomendar de acuerdo a hechos y circunstancias individuales.

De parte de su médico

American Academy of Pediatrics es una organización formada por 64.000 pediatras generales, especialistas pediátricos y especialistas en cirugía pediátrica dedicados a la salud, la seguridad y el bienestar de todos los bebés, niños, adolescentes y adultos jóvenes.

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