
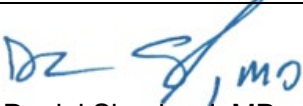


COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Brief Resolved Unexplained Event (BRUE)		Policy Number: 724	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2024	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: June 1, 2024	
Origination Date:	March, 2005	Effective Date: June 1, 2024	
Date Revised:	April 11, 2024		
Date Last Reviewed:	April 11, 2024		
Review Date:	April 30, 2026		

- I. PURPOSE: To define and provide guidelines for the recognition, assessment and treatment of infants with a Brief Resolved Unexplained Event (BRUE).
- II. AUTHORITY: Health and Safety Code, Sections 1797.220 and 1798.
- III. POLICY: All EMS personnel should be knowledgeable with BRUE and follow the guidelines listed below.
- IV. PROCEDURE:
  - A. Recognition:
    1. BRUE is used to describe an event occurring in an infant less than 1 year of age when the observer reports a sudden, brief, and now resolved episode of 1 or more of the following:
      - a. Cyanosis or pallor
      - b. Absent, decreased, or irregular breathing
      - c. Marked change in tone (hyper- or hypotonia)
      - d. Altered level of responsiveness
    2. These events are characterized as “brief” (less than 1 minute and usually less than 20 – 30 seconds) and “resolved” (meaning the patient returned to baseline state of health after the event).
    3. BRUEs are also “unexplained,” meaning that a clinician is unable to explain the cause of the event after an appropriate history and physical examination.
    4. High and Low-risk Infants
      - a. High-risk infants
        - i. Infants less than 2 months of age
        - ii. History of prematurity (higher in infants born at less than 32 weeks)
        - iii. More than one event
      - b. Low-risk infants

- i. Age greater than 60 days
  - ii. Born greater than or equal to 32 weeks gestation
  - iii. Corrected gestational age is greater than or equal to 45 weeks
  - iv. First event (no previous BRUE ever and not occurring in clusters)
  - v. Event lasted less than 1 minute
  - vi. No CPR by trained medical provider
  - vii. No concerning historical features
  - viii. No concerning physical examination findings
- c. Infants who have experienced a BRUE who do not qualify as lower-risk patients are, by definition, at higher risk.

#### B. Assessment and Treatment

1. Perform a physical exam that includes general appearance, skin color, extent of interaction with the environment, and evidence of current or past trauma.  
**Note: Exam May Be Normal.**
2. Obtain medical history, family history, and history of the event.
3. Treat any identifiable causes as indicated.
4. Base Hospital contact required.

#### C. Precautions

1. In most cases, the infant will have a normal physical exam when assessed by healthcare providers. The parent/caregiver's perception that "something is or was wrong" must be taken seriously. **Assume the history given is accurate.**
2. Keep in mind, especially if the parent/guardian declines transport to the hospital, that child abuse may be a cause of the BRUE symptoms listed above.
  - a. If child abuse is suspected, refer to the reporting guidelines in VCEMS Policy 210.