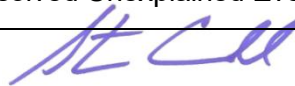
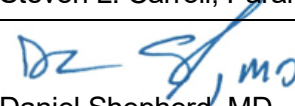


COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Brief Resolved Unexplained Event (BRUE)		Policy Number: 724	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2026	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: July 1, 2026	
Origination Date:	March, 2005	Effective Date: July 1, 2026	
Date Revised:	April 11, 2024		
Date Last Reviewed:	February 12, 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.