

PRACTICAL PEARLS: New Guidelines on ALTE

INTRODUCTION	<ul style="list-style-type: none">• The term ALTE has been replaced by a new term, Brief Resolved Unexplained Event (BRUE)• Pronounced \ 'brü \• Please refer to the new AAP guideline for details: http://pediatrics.aappublications.org/content/pediatrics/early/2016/04/21/peds.2016-0590.full.pdf
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	<ul style="list-style-type: none">• Diagnose BRUE and distinguish between lower v. higher-risk• Patients classified as lower-risk BRUE likely can be managed safely without extensive diagnostic evaluation or hospitalization.• PCP should re-evaluate patients with lower-risk BRUE within 24 hours.
WHEN TO REFER	<ul style="list-style-type: none">• Patients with lower-risk BRUE do not typically require evaluation in the ER or hospitalization.• To be designated lower risk, the following criteria should be met: • Age >60 days • Prematurity: gestational age \geq32 weeks and post-conceptual age \geq45 weeks • First BRUE (no previous BRUE ever and not occurring in clusters) • Duration of event <1 minute • No CPR required • No concerning historical features (see Table 2) • No concerning PE findings (see Table 3)• If the patient meets BRUE criteria and <i>cannot</i> be classified as lower-risk, they are considered at higher-risk for recurrent events or serious conditions and referred to ER.• Due to the limited strength of evidence upon which the guideline is based, admission and management may be individualized.
HOW TO REFER	<ul style="list-style-type: none">• Call (413) 794-KIDS and ask for the Pediatric Admitting Resident for assistance with triage.
WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT	<ul style="list-style-type: none">• In general, patients with lower-risk BRUE can be sent home same-day after a period of observation. Those with higher-risk BRUE will be admitted for monitoring and further evaluation.

Author: **Beth Carter, MD**
Pediatric Hospital Medicine
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Contact: Baystatechildren'shospital@baystatehealth.org