# PRACTICAL PEARLS: New Guidelines on ALTE

## INTRODUCTION
- The term ALTE has been replaced by a new term, Brief Resolved Unexplained Event (BRUE)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](http://pediatrics.aappublications.org/content/pediatrics/early/2016/04/21/peds.2016-0590.full.pdf)

## INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE
- 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
- 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 ≥32 weeks and post-conceptional age ≥45 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 cannot 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
- Call (413) 794-KIDS and ask for the Pediatric Admitting Resident for assistance with triage.

## WHAT TO EXPECT FROM BAYSTATE CHILDREN’S HOSPITAL VISIT
- 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.

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