

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 • The term ALTE has been replaced by a new term, Brief Resolved Unexplained Event (BRUE) • Pronounced \ 'brü \ • Please refer to the new AAP guideline for details: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: <ul style="list-style-type: none"> • 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.

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