

Brief Resolved Unexplained Event (BRUE)

**Evaluation and Management
Clinical Practice Guideline**

March 2025

1. SSMHealth Cardinal Glennon CPG Home

2. Resources

- a. Tieder JS, Bonkowsky JL, et al. Brief Resolved Unexplained Events (Formerly Apparent Life-Threatening Events) and Evaluation of Lower-Risk Infants. *Pediatrics*. 2016; 137(3):e20160590.
- b. Tieder JS, et al. Management of Apparent Life-Threatening Events in Infants: A Systematic Review. *J Pediatr*. 2015; 167(1):94-4.
- c. Merritt JL, Quinonez RA, Bonkowsky JL, et al. A framework for evaluation of the higher-risk infant after a Brief Resolved Unexplained Event. *Pediatrics*. 2019; 144(2):e20184101.
- d. DeLaroché AM, Haddad R, Ferooqi A, et al. Outcome Prediction of Higher-Risk Brief Resolved Unexplained Events. *Hosp Pediatr*. 2020; 10(4):303-310.
- e. Prezioso G, Perrone S, Biasucci G, et al. Management of Infants with Brief Resolved Unexplained Events (BRUE) and Apparent Life-Threatening Events (ALTE): A RAND/UCLA Appropriateness Approach. *Life (Basel)*. 2021; 11(2):171.
- f. Mittal MK, Tieder JS, Westphal K, et al. Diagnostic testing for evaluation of brief resolved unexplained events. *Acad Emerg Med*. 2023; 30:662-670.
- g. Nama N, Hall M, Neuman M, et al, on Behalf of the Brief Resolved Unexplained Event Research and Quality Improvement Network. Risk Prediction After a Brief Resolved Unexplained Event. *Hosp Pediatr*. 2022; 12(9):772-785.
- h. Tieder JS, Sullivan E, Sethphans A, et al, on Behalf of the Brief Resolved Unexplained Event Research and Quality Improvement Network. Risk Factors and Outcomes After a Brief Resolved Unexplained Event: A Multicenter Study. *Pediatrics*. 2021; 148(1):e2020036095.

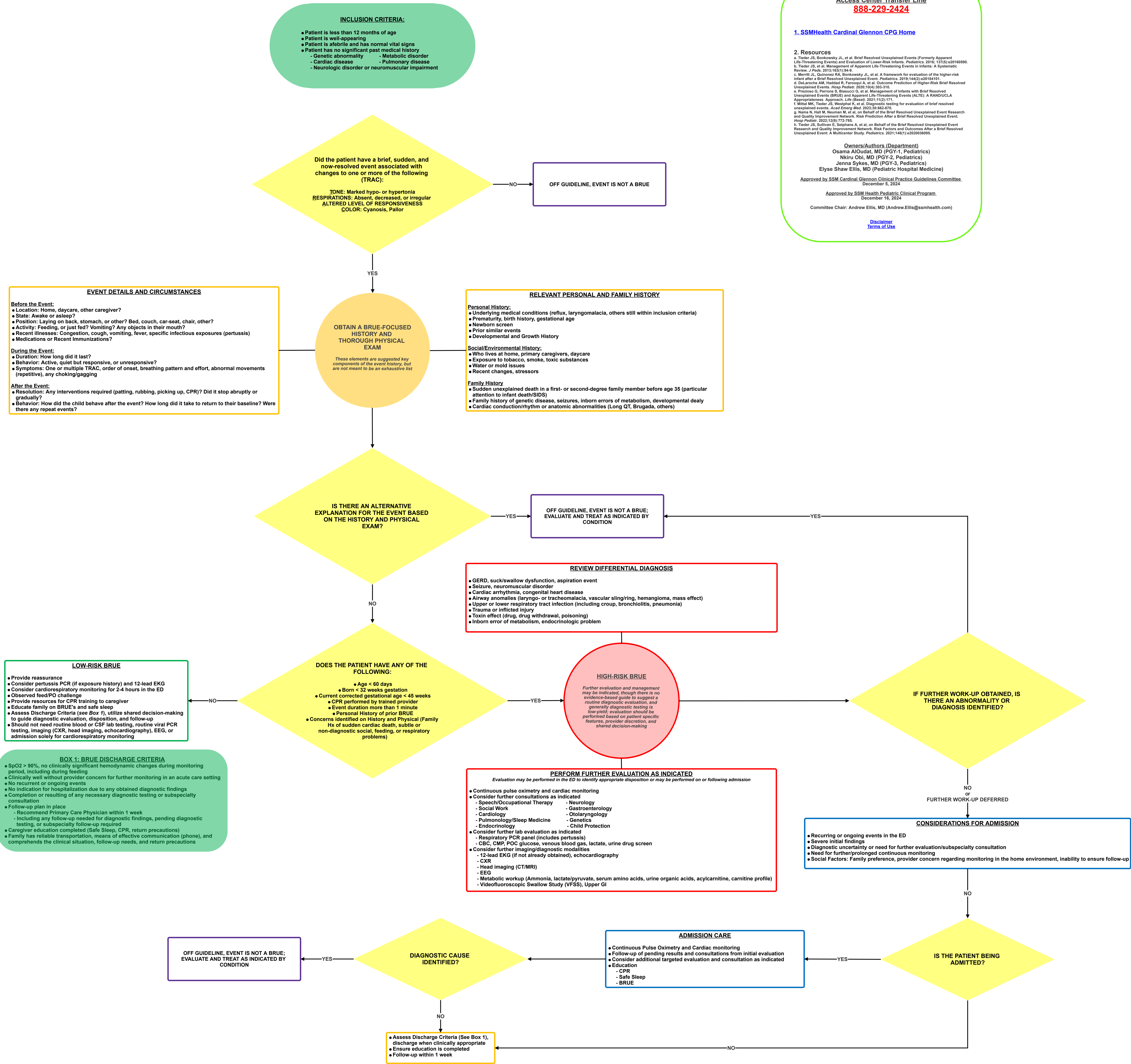
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BOX 1: BRUE DISCHARGE CRITERIA

- SpO2 > 90%, no clinically significant hemodynamic changes during monitoring period, including during feeding
- Clinically well without provider concern for further monitoring in an acute care setting
- No recurrent or ongoing events
- No indication for hospitalization due to any obtained diagnostic findings
- Completion or resulting of any necessary diagnostic testing or subspecialty consultation
- Follow-up plan in place
 - Recommend Primary Care Physician within 1 week
 - Including any follow-up needed for diagnostic findings, pending diagnostic testing, or subspecialty follow-up required
- Caregiver education completed (Safe Sleep, CPR, return precautions)
- Family has reliable transportation, means of effective communication (phone), and comprehends the clinical situation, follow-up needs, and return precautions