



**FIGURE 1**

Diagnosis, risk classification, and recommended management of a BRUE. \*Refer to Tables 3 and 4 in [www.pediatrics.org/cgi/doi/10.1542/peds.2016-0591](http://www.pediatrics.org/cgi/doi/10.1542/peds.2016-0591) for the determination of an appropriate and negative history and PE. \*\*Refer to Figure 2 in [www.pediatrics.org/cgi/doi/10.1542/peds.2016-0591](http://www.pediatrics.org/cgi/doi/10.1542/peds.2016-0591) for the American Academy of Pediatrics method for rating of evidence and recommendations. CPR, cardiopulmonary resuscitation; CSF, cerebrospinal fluid; ECG, electrocardiogram; FH, family history; GER, gastroesophageal reflux; PE, physical examination; WBC, white blood cell.

# Apparent Life Threatening Events (ALTE)

Definition: <12 months with an event which was frightening to the caregiver associated with at least two of the following: apnea, choking, cyanosis, or loss of muscle tone

Evaluation in the ED shows hypoxia, recurrent episodes or concern for life threatening illness

Yes

A

No

Significant PMH (Common Examples)

Neuromuscular Disorders: Cerebral palsy, hydrocephalus, VP shunt, seizure disorder

Cardiovascular: Congenital heart disease, dysrhythmia

Pulmonary: Chronic lung disease

Genetic: Downs syndrome

Metabolic: Congenital adrenal hyperplasia

Yes

D

M

I

T

Work Up

CBC

CMP

Ammonia

Lactate

UA

Utox

EKG

CXR

Consider

RSV

Head CT

LP

Blood Cx

More than one ALTE in 24 hours?

Yes

No

*Consider D/C with close follow-up (caution if resuscitation or central cyanosis from the field)*