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

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

No

More than one ALTE in 24 hours?

No

Yes

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

Yes

Work Up
- CBC
- CMP
- Ammonia
- Lactate
- UA
- Utox
- EKG
- CXR
- Consider RSV
- Head CT
- LP
- Blood Cx

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 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 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.