

**Includes:**

An infant with a sudden, brief episode, that is frightening to the observer which is unexplained and completely resolved upon arrival of EMS with some combination of the following:

- Absent, decreased or irregular breathing (apnea: central or obstructive) including choking or gagging.
- Color change, usually cyanosis or pallor, not including only redness (face) or isolated hands/feet cyanosis.
- Marked change in muscle tone (flaccid or rigid).
- Altered level of responsiveness (increased or decreased, irritability).

**Excludes:**

- Age > 12 months.
- [Seizures](#).
- [Respiratory distress](#).
- Cardiopulmonary arrest. Refer to [Cardiac Arrest \(VF/VT/Asystole/PEA\)](#).
- Trauma with known mechanism of injury. Refer to [General Trauma Management](#).
- History or exam concerning for child abuse or maltreatment. Refer to [Abuse and Maltreatment](#).

**EMT**

- Initiate [Universal Care](#).
- Have high index of suspicion for abuse in children presenting with BRUE.
- Acquire blood glucose level. Refer to [Hypoglycemia](#) if appropriate.
- Regardless of patient appearance, all patients with a history of signs or symptoms of BRUE should be transported for further evaluation.
  - Given possible need for intervention, all patients should be transported to facilities with baseline readiness to care for children, where available, *per local protocol*.
  - Consider a facility with pediatric critical care capability, if available, for patients with any **high-risk criteria**:
    - Less than 2 months of age.
    - History of prematurity ( $\leq 32$  weeks gestation).
    - More than 1 BRUE, now or in past.
    - Event duration > 1 minute.
    - CPR or resuscitation by caregivers to trained rescuers.
- Contact medical direction if parent/guardian refusing medical care and/or transport especially with high-risk criteria.

**AEMT**

- IVs should only be placed in children for clinical concerns of shock or when administering IV medications.
- Supraglottic devices and intubation should be used only if BVM ventilation fails in setting of respiratory failure or apnea. The airway should be managed in the least invasive way possible.
- For severe respiratory distress, refer to [Airway Management](#).