



Base Hospital Contact: Required prior to transport for all patients with BRUE ① ② ③

1. Assess patient's airway and initiate basic and/or advanced airway management prn (*MCG 1302*)
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2. Administer **Oxygen** prn (*MCG 1302*)
3. For suspected foreign body aspiration treat per *TP 1234-P, Airway Obstruction*
4. Initiate cardiac monitoring (*MCG 1308*)
Perform 12-lead ECG if dysrhythmia suspected
For bradycardia treat per *TP 1212-P, Cardiac Dysrhythmia - Bradycardia*
5. Establish vascular access prn (*MCG 1375*)
6. For poor perfusion
Normal Saline 20mL/kg IV/IO rapid infusion (*MCG 1309*) ⑤
For persistent poor perfusion, treat in conjunction with *TP 1207-P, Shock/Hypotension*
7. For persistent ALOC – treat per *TP 1229-P, ALOC*



SPECIAL CONSIDERATIONS

- ① Obtain thorough history or physical examination that one or more of the following occurred and is resolved: cyanosis or pallor, absent, decreased, or irregular breathing, marked change in tone (hyper- or hypotonia), or altered level of responsiveness – document Provider Impression *BRUE*
- ② Patients with a brief resolved unexplained event or a BRUE require Base Contact and transport to a PMC. For patients with ongoing signs of serious illness Base Contact should be made for discussion on appropriate destination. Vital signs vary by age and normal ranges can be found in [MCG 1309](#). Any pediatric patient with vital signs outside the normal range for age should be considered potentially ill and transported to an EDAP or PMC if criteria are met.
- ③ EMS Personnel are mandated reporters of child abuse and neglect, and a report should be made when suspected as per Ref. 822. Communicate suspicion for child abuse and/or neglect to accepting ED staff when home suggests children could be at risk for harm (e.g., unkempt home, evidence of drug or alcohol abuse, unsafe living conditions, known or suspected domestic violence), when the history does not match with the severity of physical findings (e.g., child posturing after a roll off the couch), when patterned injury or burns or noted (e.g., circular burns as from a cigarette, whip marks on the skin, burns of both hands or feet), or when child reports physical or sexual abuse. Children < 3 years of age and those with developmental delay are at increased risk of abuse. This must also be accompanied by notification to the Department of Children and Family Services (DCFS).
- ④ Support respiration prn with BMV using “squeeze-release-release” technique; hyperventilation has negative effects on coronary and cerebral perfusion and should be avoided.
- ⑤ In infants < 1 month of age with increasing respiratory distress after fluid resuscitation, stop infusion as it may be a result of volume overload and contact Base for medical direction.