Chart Review Tool BRUE

Settings: Emergency departments, outpatient clinics and private offices

Inclusion Criteria: Patient < 1 year of age presenting for medical care after an event consistent with either an ALTE or BRUE

Exclusion Criteria: Patients who required intubation

1. Does this ALTE event fit the definition of BRUE? If not enough information is present to make the determination, please answer no.
   A. BRUE – event is sudden, brief (< 1 minute, typically 20-30 second) period of one or more of the following
      a. Cyanosis or pallor
      b. Absent, decreased or irregular breathing
      c. Marked change in tone (hyper- or hypotonia)
      d. Altered level of responsiveness

      AND

      a. Resolved (back to baseline) with normal vital signs and appearance at first medical evaluation
      b. Unexplained (not consistent with GER, swallow dysfunction, fever, URI, history or physical concerning for child abuse, congenital airway abnormality, etc.)

Yes, no?

Skip logic – if NO skip to question 8

2. Were appropriate risk factors documented (must meet all of the below)?
   a. Prior history - gestational age (or full term), previously healthy, prior episodes;
   b. Family history - sudden death;
   c. Social History – concern for NAT;
   d. Event history - event duration, CPR, GER symptoms;
   e. Physical exam -well appearing, normal vital signs, HEENT/cardiac/lung/neurologic normal or baseline

Yes, no?

3. Does this BRUE meet the definition for a lower risk BRUE (must meet all of the below)?
   a. >60 days of age
   b. Gestational age >= 32weeks and post-conceptional age >=45 weeks
   c. Negative appropriate history (no concern for NAT, no FH of sudden death, no GER/URI symptoms)
   d. Negative appropriate physical exam (back to baseline, normal vital signs)
   e. First BRUE (no prior BRUE ever and not occurring in clusters)
   f. Duration of event < 1 minute
   g. No CPR performed by trained medical provider
Yes, no?

Skip logic – if NO skip to question 7

4. In the assessment portion of the first or last clinical note was the event labeled a lower (or low) risk BRUE?
   Yes, no?

5. Did this patient receive ANY of the following (except EKG, brief pulse ox monitoring or pertussis testing)?
   a. Laboratory, e.g. CBC, BMP, blood gas, viral testing, urinalysis, cultures
   b. Imaging tests, e.g. CXR, UGI, video swallow study
   c. Procedure, e.g. polysomnography, PH probe, multiple intraluminal impedance testing
   d. Admission to the hospital (observation or inpatient status)
   Yes, no?

6. Did this patient revisit healthcare (office, ED, Hospital) in the 7 days following the initial visit for BRUE?
   Yes, no?

7. In the assessment portion of the first or last clinical note was the event labeled a higher (or high) risk BRUE?
   Yes, no?

8. In the assessment portion of the first or last clinical note was the event labeled BRUE (choose yes if the event is labeled BRUE, low(er) risk BRUE, or high(er) risk BRUE)?
   Yes, no?

END