Approved 9/2/26, Effective 1/15/27, replaces all prior versions

3F – DYSPNEA – BRIEF RESOLVE UNEXPLAINED EVENT (BRUE) PEDIATRIC LESS THAN 1 YEAR OF AGE

TREATMENT PRIORITIES

1. Vital signs (including EtCO2, if equipped)
2. Oxygenation support
   - O_2 by NC, NRB
   - BVM if indicated
3. Ventilation support
   - BVM if indicated
4. Transport for further evaluation

EMD

KEEP PATIENT FREE FROM INJURY HAZARDS
AVOID PLACING ANYTHING IN MOUTH
PLACE IN POSITION OF RESPIRATORY COMFORT

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMR | **EMT**

GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O_2 VIA NC, NRB, OR BVM AS APPROPRIATE
HISTORY TO DEFINE IF BRUE – CYANOSIS? CHANGE IN BREATHING? MOTOR TONE LOSS OR STIFFNESS? ALTERED MENTAL STATUS? NO OTHER EXPLANATION FOR SYMPTOMS?
DOES BRUE = LOW RISK? - SINGLE EVENT TODAY? EVENT LESS THAN 1 MINUTE? NO PRIOR EVENT? GESTATIONAL AGE AT BIRTH >32 WEEKS? AGE NOW > 2 MOS? NO CPR GIVEN? NORMAL EXAM?
DOES BRUE = HIGH RISK? – "NO" TO A LOW RISK ITEM ABOVE? FAM HX OF SUDDEN CARDIAC DEATH? SOCIAL ENVIRONMENT CONCERNING FOR POSSIBLE CHILD ABUSE?
***OLMCP CONSULT REQUIRED IF PARENT/GUARDIAN REFUSAL OF TRANSPORT IF BRUE = HIGH RISK
APPLY CARDIAC MONITOR (if equipped)

EMT OR HIGHER LICENSE:
MEASURE END-TIDAL CO_2 & MONITOR WAVEFORM CAPNOGRAPHY (if equipped)

EMT-I85 | **AEMT**

IV ACCESS IF INDICATED
IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg
IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

MEDICATION-ASSISTED INTUBATION IF INDICATED PER PROTOCOL 2G
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)