

PEDIATRIC APPARENT LIFE-THREATENING EVENT (ALTE)

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- A frightening episode to the observer characterized by some combination of:
 - Apnea (central or obstructive)
 - Color change (cyanosis, pallor, erythema)
 - Marked change in muscle tone
 - Unexplained choking or gagging

PHYSICIAN CONSULT

- Parent/Designated Decision Maker (DDM) refuses medical care and/or transport

CRITICAL INFORMATION

- Treat according to length based color-coded resuscitation tape. Apply corresponding wrist band.
- Neonate = birth to four weeks; infant = four weeks to 1 year; child = 1-14 years;
- adolescent = >14 years
- Although ALTE usually occurs in patients < 12 months, any patient under 24 months who experiences any of the above indications should be considered
- Medical history: cardiac arrhythmias/anomalies, child abuse, meningitis, near SIDS, seizures, sepsis, toxic exposure, trauma

TREATMENT

- ALS RMC
- Check blood glucose and treat if < 60 mg/dl (< 40 mg/dl if neonate):
 - Neonate = **D10W** 2 ml/kg IV/IO
 - < 2 years = **D25W** 2 ml/kg IV/IO
 - ≥ 2 years = **D50W** 1 ml/kg IV/IO
 - If unable to establish vascular access; **Glucagon** .03 mg/kg (max = 1 mg) IM; MR x 2 q 15 minute intervals

SPECIAL CONSIDERATION

- Most ALTE patients have a normal physical exam
- Assume parental history is real. Encourage transport no matter how well the patient might appear.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Severity, nature and duration of the episode
- General appearance of the patient, skin color, extent of interaction with the environment
- Evidence of trauma

RELATED POLICIES/ PROCEDURES

- Suspected Child/Dependent Adult/ Elder Abuse GPC 9