Apparent Life Threatening Event (ALTE)

An Apparent Life Threatening Event or ALTE is an episode where an observer becomes frightened when an infant has some combination of:

- Cessation of breathing (*apnea*).
- Color changes (often gray, blue or red skin changes).
- Changes in muscle tone (most commonly limpness).
- Choking.
- Gagging in an infant.

It is not a specific diagnosis that can be treated, but a group of symptoms that must be evaluated.

ALTE and SIDS (Sudden Infant Death Syndrome)
Research has not shown that ALTE causes SIDS. A number of observations suggest that ALTE and SIDS are not related:

- Only 5% of SIDS children experience ALTE before their SIDS event.
- SIDS deaths most commonly occur between midnight and 6 A.M., while more than 75% of ALTEs occur between 8A.M. and 8 P.M.
- Interventions to prevent SIDS (like the Back To Sleep Campaign) have not decreased ALTEs while SIDS has declined.

CAUSES

- A specific diagnosis is only found in 50% of ALTE cases. Identifiable causes of ALTE include:
  - Gastroesophageal reflux.
  - Seizures.
  - Lower respiratory tract infection.
- Less common causes of ALTE include problems with the heart, metabolic problems, other infections and abuse.
- Apnea of infancy is said to have occurred when an infant older than 37 weeks (about 9 months) is observed to stop breathing for more than 20 seconds (or a shorter period of time if there are changes in color, tone, or heart rate) and no obvious cause is found.
- When babies are born early, or prematurely, the lungs and brain are not yet fully developed and may lead to apnea. This is called apnea of prematurity. The more premature the baby the more likely a baby will have apnea of prematurity.
- Approximately 10% of infants will experience another ALTE event. Risks appear to be prematurity and subsequent respiratory tract infection.

DIAGNOSIS

There is no test to diagnose ALTE when it is first seen. Many times infants appear normal by the time they get to an emergency room or clinic. Most of the time, the physical exam and laboratory tests are normal. Based on the history provided and most common causes of ALTE, your provider may perform other diagnostic tests.

TREATMENT

There is no specific treatment for ALTE unless a specific cause was found for your child's ALTE event. While most studies have not found a benefit for home monitoring of infants after an ALTE, your provider may suggest a home monitor in specific situations such as:

- Prematurity.
- High risk or recurrence.
- Specific neurologic abnormalities.
- Airway abnormalities.

HOME CARE INSTRUCTIONS

- Get instruction in basic life support.
- If your baby has an ALTE, resuscitation may be needed. Call for local emergency medical help if there is no response. Continue the resuscitation. You will have been instructed in basic CPR.
- With an apnea event, first try manual stimulation of the infant. This may include brisk rubbing along the back, patting and snapping the feet with your finger.
- If your baby appears well on arrival at the hospital or care center they may need no emergency treatment other than a careful history and physical examination. With an apparent life-threatening event, your baby will probably be admitted for more checking.
- It is critical that you follow your caregivers instructions for monitoring at home.
- Keep all scheduled appointments with your caregiver or other medical providers.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your baby is 3 months old or younger with a rectal temperature of 100.4º F (38º C) or higher.
- Your baby is older than 3 months with a rectal temperature of 102º F (38.9º C) or higher.
- ALTE reoccurs.
- New or worrisome symptoms appear:
  - Lethargy.
  - Vomiting.
- The episodes become associated with color change.
- Your baby's condition worsens. One episode of apnea may be acceptable. 10 episodes are not.
- More episodes occur that make you feel uneasy.

Document Released: 12/18/2006 Document Re-Released: 03/14/2011
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