

Background:

Apparent Life-Threatening Events (ALTE) in infants are concerning for both caregivers and medical professionals. There is little consensus on how best to investigate and manage neonates, especially when appearing well on examination<sup>1</sup>.



Both over and under-investigation can lead to significant parental and professional anxiety.

This survey aimed to examine how an ALTE presentation might be managed in a local setting.

Patients & Methods:

A survey was undertaken in a district general hospital in the UK. It was given to all doctors and nurse practitioners working in the paediatric and emergency departments (ED).

Respondents with an awareness of ALTE answered further questions about investigating & managing a scenario of a neonate presenting with ALTE, who appeared well on examination.

Results:

33 (40%) practitioners responded of which 3 were excluded (total 30).

21/30 (70%) [15 from paediatrics, 6 from ED] were aware of ALTE and completed the full survey.

Figure 1 shows the investigations chosen by practitioners in order of frequency.  
Figure 2 demonstrates discharge decisions.

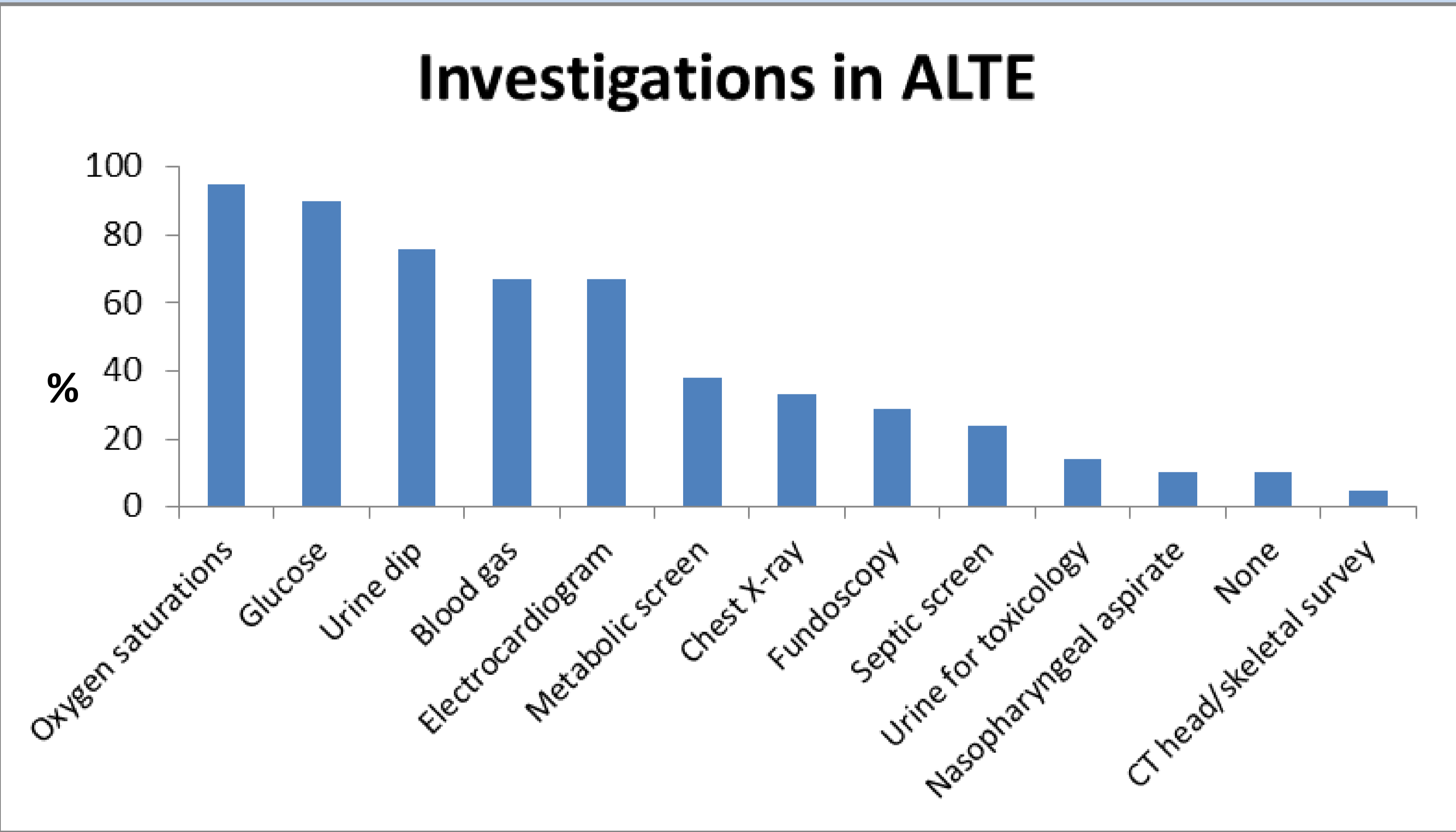


Fig 1 – Investigations performed by practitioners in the given survey scenario

**Acknowledgments:** We wish to thank the responding colleagues for completing the survey. This work forms part of a thesis submitted for a MSc at University of Edinburgh

Decisions on Discharge

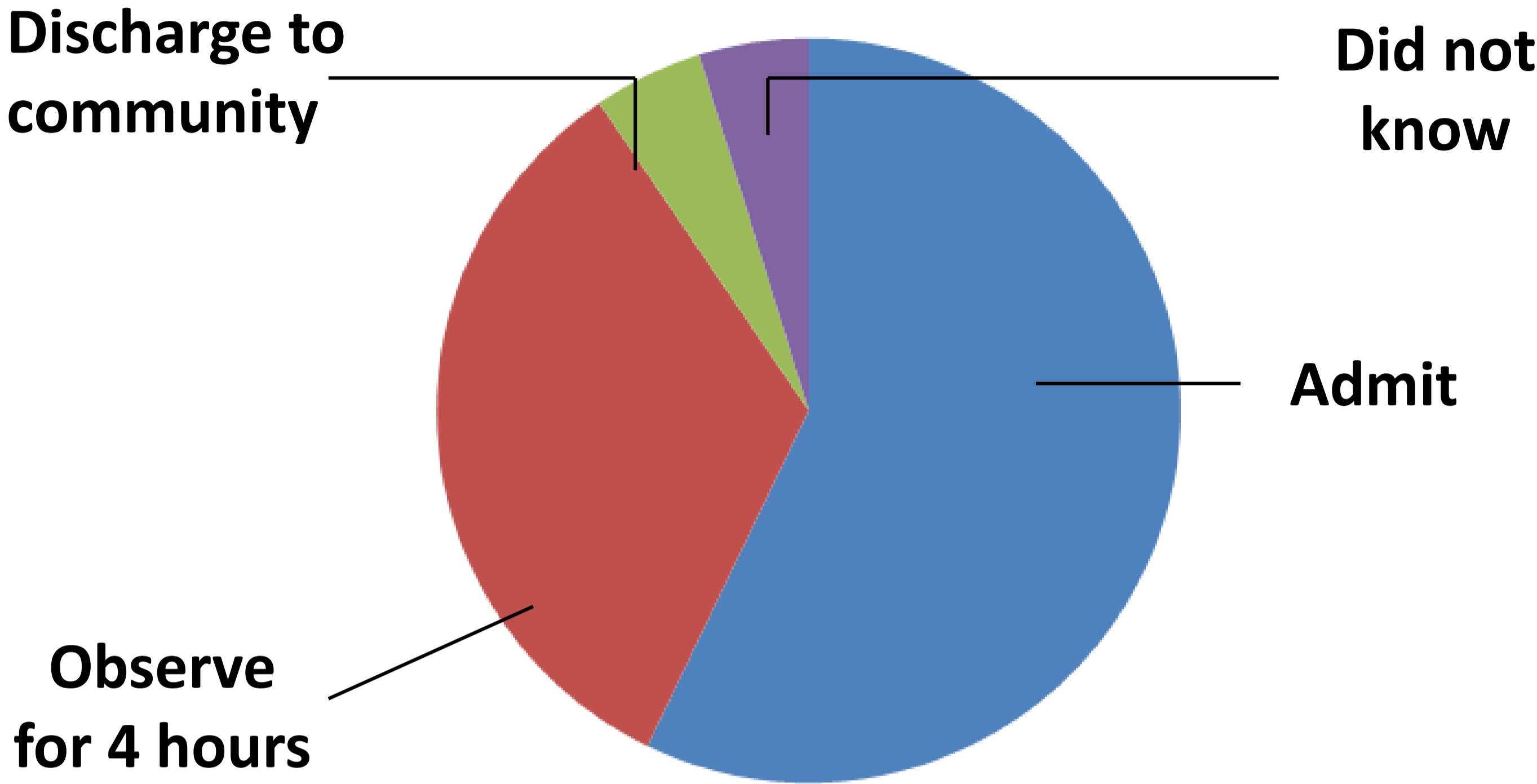


Figure 2 Decisions on discharge in the given survey scenario

Discussion:

This is a small, local study demonstrating a variable and inconsistent approach to assessment and management of neonates presenting with ALTE. It describes a minimally invasive approach which mainly reflects local guidelines, although fewer practitioners would perform all the tests suggested by the guideline.

Conclusion:

This study demonstrates the need for clear and consistent teaching on ALTE.

References:

1. Tieder JS et al. Management of apparent life-threatening events in infants: a systematic review. J Pediatr. 2013 Jul;163(1):94-9.