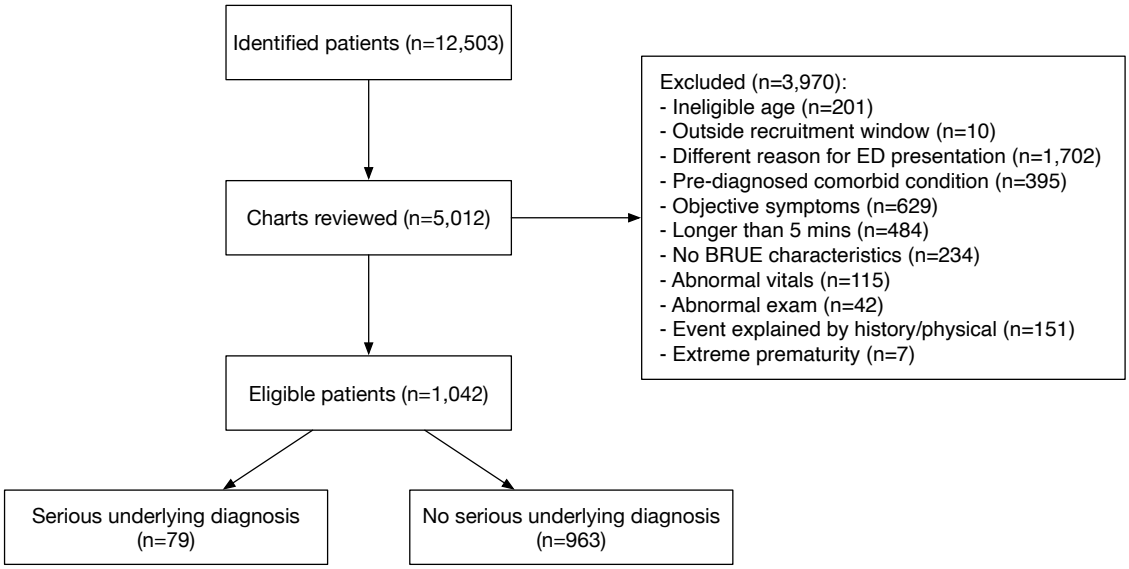

Figure S1. Consort diagram. Patients were excluded if they had: 1) pre-diagnosed comorbid conditions that could present with symptoms similar to the event (e.g., CNS abnormality, serious congenital heart disease or arrhythmia); 2) symptoms preceding the event (e.g., fever or worsening respiratory symptoms); 3) significantly abnormal vital signs upon presentation (e.g., hypoxemia, fever or hypothermia); 4) and objective signs on examination precluding a BRUE diagnosis (e.g., stridor, somnolence, or evidence of trauma); 5) non-brief events (≥ 5 minutes); 6) extreme prematurity (< 28 weeks); 7) clear explanation for the event based on history and physical exam; or 8) if they presented to care for an unrelated reason

Figure S2. Proportional Representation of Diagnostic Outcomes Among 100 BRUE Patients, to be Used in Shared Decision-Making : A) Proportion with a defined explanation for the event (including serious causes denoted in red and non-serious in yellow), B) Recurrence of events during the index presentation (yellow). *Created with BioRender.com*

Table S1. STROBE Statement —checklist of items that should be included in reports of observational studies.

	#	Recommendation	Page
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	3
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	5
Objectives	3	State specific objectives, including any prespecified hypotheses	5-6
Methods			
Study design	4	Present key elements of study design early in the paper	6
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	6
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	6-7
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed	N/A
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	7-8
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	7
Bias	9	Describe any efforts to address potential sources of bias	8
Study size	10	Explain how the study size was arrived at	6
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	8
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	8
		(*b*) Describe any methods used to examine subgroups and interactions	8
		(*c*) Explain how missing data were addressed	7
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed	N/A
		(*e*) Describe any sensitivity analyses	8
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—e.g. numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analyzed	Fig S1
		(b) Give reasons for non-participation at each stage	Fig S1
		(c) Consider use of a flow diagram	Fig S1
Descriptive data	14*	(a) Give characteristics of study participants (e.g. demographic, clinical, social) and information on exposures and potential confounders	Table 1
		(b) Indicate number of participants with missing data for each variable of interest	N/A
		(c) *Cohort study*—Summarize follow-up time (e.g., average and total amount)	N/A
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time	Table 2
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (e.g., 95% confidence interval). Make clear which confounders were adjusted for and why they were included	Table S5
		(*b*) Report category boundaries when continuous variables were categorized	Table S5
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A
Other analyses	17	Report other analyses done—e.g. analyses of subgroups and interactions, and sensitivity analyses	Table S3-4
Discussion			
Key results	18	Summarize key results with reference to study objectives	12
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	14
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	15
Generalizability	21	Discuss the generalizability (external validity) of the study results	14
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	2

Table S2. Demographics, Clinical Management and Outcomes of Patients with BRUE Stratified by Hospital.

	Hospital 1	Hospital 2	Hospital 3	Hospital 4	Hospital 5	Hospital 6	Hospital 7	Hospital 8	Hospital 9	Hospital 10	Hospital 11
Charts Reviewed	897	331	797	867	546	132	554	451	144	203	90
Sampled Charts for Practice	20	20	20	20	20	10	20	37	20	20	20
Eligible Patients	182	155	148	118	108	88	78	55	46	33	31
Patient Characteristics											
Age, days [IQR]	53 [14, 103]	39 [18, 71]	53 [18, 108]	33 [10, 62]	40 [15, 89]	45 [17, 68]	23 [9, 56]	50 [13, 105]	59 [16, 155]	35 [10, 66]	26 [45, 64]
Sex											
Female	92 (50.5)	71 (45.8)	78 (52.7)	53 (44.9)	64 (59.3)	48 (54.5)	34 (43.6)	23 (41.8)	26 (56.5)	22 (66.7)	18 (58.1)
Male	90 (49.5)	84 (54.2)	70 (47.3)	65 (55.1)	44 (40.7)	40 (45.5)	44 (56.4)	32 (58.2)	20 (43.5)	11 (33.3)	13 (41.9)
Patient Risk Factors											
Gestational age											
Term (≥37 weeks)/Not indicated	152 (83.5)	135 (87.1)	119 (80.4)	107 (90.7)	93 (86.1)	74 (84.1)	67 (85.9)	49 (89.1)	38 (82.6)	27 (81.8)	29 (93.5)
Late preterm (34-36+ weeks)	21 (11.5)	12 (7.7)	19 (12.8)	9 (7.6)	9 (8.3)	6 (6.8)	9 (11.5)	4 (7.3)	7 (15.2)	4 (12.1)	2 (6.5)
Moderate preterm (32-33+ weeks)	5 (2.7)	5 (3.2)	2 (1.4)	2 (1.7)	5 (4.6)	4 (4.5)	0 (0.0)	2 (3.6)	1 (2.2)	0 (0.0)	0 (0.0)
Very preterm (28-31+ weeks)	4 (2.2)	3 (1.9)	8 (5.4)	0 (0.0)	1 (0.9)	4 (4.5)	2 (2.6)	0 (0.0)	0 (0.0)	2 (6.1)	0 (0.0)
Prematurity (<32 week) or corrected < 45 weeks	25 (13.7)	27 (17.4)	25 (16.9)	21 (17.8)	22 (20.4)	21 (23.9)	16 (20.5)	6 (10.9)	5 (10.9)	8 (24.2)	4 (12.9)
Age < 60 days	104 (57.1)	101 (65.2)	81 (54.7)	88 (74.6)	64 (59.3)	61 (69.3)	60 (76.9)	30 (54.5)	23 (50.0)	24 (72.7)	22 (71.0)
Family history concerning for serious condition	14 (7.7)	11 (7.1)	9 (6.1)	15 (12.7)	6 (5.6)	15 (17.0)	16 (20.5)	5 (9.1)	4 (8.7)	3 (9.1)	4 (12.9)
Social history concerning for abuse	5 (2.7)	8 (5.2)	2 (1.4)	7 (5.9)	4 (3.7)	5 (5.7)	8 (10.3)	1 (1.8)	4 (8.7)	2 (6.1)	2 (6.5)
Abnormal medical history	53 (29.1)	36 (23.2)	43 (29.1)	42 (35.6)	35 (32.4)	37 (42.0)	33 (42.3)	12 (21.8)	17 (37.0)	7 (21.2)	5 (16.1)
Higher-risk BRUE as defined by the AAP guidelines	171 (94.0)	144 (92.9)	128 (86.5)	115 (97.5)	100 (92.6)	87 (98.9)	76 (97.4)	52 (94.5)	42 (91.3)	33 (100.0)	29 (93.5)
Clinical Management											
Hospital admission	82 (45.1)	95 (61.3)	48 (32.4)	115 (97.5)	56 (51.9)	88 (100.0)	78 (100.0)	42 (76.4)	21 (45.7)	23 (69.7)	17 (54.8)
ICU admission	4 (4.9)	2 (2.1)	12 (25.0)	14 (12.2)	1 (1.8)	5 (5.7)	14 (17.9)	1 (2.4)	9 (42.9)	0 (0.0)	5 (29.4)
Clinical Outcomes											
Underlying diagnosis[1]											
Serious	14 (7.7)	6 (3.9)	7 (4.7)	8 (6.8)	8 (7.4)	10 (11.4)	20 (25.6)	3 (5.5)	1 (2.2)	0 (0.0)	2 (6.5)
Non-serious	56 (30.8)	72 (46.5)	39 (26.4)	81 (68.6)	51 (47.2)	52 (59.1)	25 (32.1)	4 (7.3)	13 (28.3)	10 (30.3)	9 (29.0)
N/A (Unexplained)	112 (61.5)	77 (49.7)	102 (68.9)	29 (24.6)	49 (45.4)	26 (29.5)	33 (42.3)	48 (87.3)	32 (69.6)	23 (69.7)	20 (64.5)
Recurrent event	20 (11.0)	28 (18.1)	17 (11.5)	19 (16.1)	15 (13.9)	17 (19.3)	25 (32.1)	1 (1.8)	8 (17.4)	7 (21.2)	6 (19.4)
During index visit	15 (8.2)	17 (11.0)	11 (7.4)	13 (11.0)	9 (8.3)	11 (12.5)	23 (29.5)	1 (1.8)	5 (10.9)	3 (9.1)	5 (16.1)
After discharge[1]	5 (2.7)	13 (8.4)	6 (4.1)	6 (5.1)	8 (7.4)	8 (9.1)	6 (7.7)	0 (0.0)	6 (13.0)	4 (12.1)	3 (9.7)
Return visit[1]	23 (12.6)	41 (26.5)	34 (23.0)	19 (16.1)	22 (20.4)	20 (22.7)	19 (24.4)	7 (12.7)	14 (30.4)	5 (15.2)	12 (38.7)
Return visit[1] – Related to BRUE	10 (5.5)	18 (11.6)	12 (8.1)	7 (5.9)	10 (9.3)	8 (9.1)	10 (12.8)	1 (1.8)	6 (13.0)	5 (15.2)	5 (16.1)
Re-hospitalization[4]	5 (2.7)	12 (7.7)	7 (4.7)	10 (8.5)	9 (8.3)	6 (6.8)	7 (9.0)	1 (1.8)	3 (6.5)	2 (6.1)	2 (6.5)

[1] At or within 90 days of index presentation.

AAP: American Academy of Pediatrics; BRUE: Brief Resolved Unexplained Event; CPR: Cardiopulmonary Resuscitation; ICU: Intensive Care Unit; IQR: Interquartile Range.

Table S3. List of underlying diagnoses considered as serious. Adapted from "*Nama N, et al. Canadian infants presenting with Brief Resolved Unexplained Events (BRUEs) and validation of clinical prediction rules for risk stratification: a protocol for a multicentre, retrospective cohort study. BMJ Open. 2022;12(10):e063183.*"

Diagnosis	**Considered serious if:**
Seizure/Epilepsy	Prescribed antiepileptic drugs
Infantile Spasms	Always
Brain malformation	Requiring surgery, treatment (antiepileptics, tone management, secretion management), or leading to faltering growth or oral dysphagia
Brain tumor	Requiring surgery, treatment (antiepileptics, tone management, secretion management, chemotherapy, radiation), or close monitoring
GER/GERD/Overfeeding	Leading to diagnosis of failure to thrive or faltering growth, or causing chronic lung disease
Oropharyngeal dysphagia, Feeding difficulties, or Problems with growth	Requiring gastric tube feeds or intensive feeding therapy
Gastroenteritis/vomiting	Requiring antibiotics, IV fluids or causing serious complications
Cow-milk protein allergy (CMPA)	Leading to diagnosis of failure to thrive, faltering growth, or anemia, or presenting unwell or dehydrated.
Surgical GI anomalies (Intussusception, Malrotation, pyloric stenosis, other)	Requiring intervention
Apnea or Apnea of Prematurity	Prescribed caffeine, ICU admission or positive pressure ventilation
Laryngomalacia or other upper airway abnormality	Requiring surgery or positive pressure ventilation
UTI, Bacteremia, Meningitis/Encephalitis, Bacterial Pneumonia	Prescribed full treatment of antimicrobials
Bronchiolitis, COVID-19, or other viral respiratory infection	Admitted to the ICU or placed on positive pressure ventilation
Pertussis	Always
Congenital Heart disease	Requiring medical (oxygen, diuretics, beta-blockers) or surgical correction
Cardiac Arrhythmia	Confirmed diagnosis by a cardiologist. Requiring ablation, medications, or clinical follow-up
Hypoglycemia	Requiring correction with IV glucose (bolus or maintenance), medications, or dextrose gel
Electrolyte disturbance	Requiring medications or IV bolus correction (beyond simply adjusting the rate/composition of maintenance IV fluids)
Genetic disorder	Requiring treatment, monitoring, or close follow-up
Child Abuse	Always
SIDS	Always
Anemia	Requiring iron or RBC transfusion
Jaundice	Requiring phototherapy or exchange transfusion, or causing neurological complications

Table S4. Demographics, Clinical Management and Outcomes of Patients with BRUE. Sensitivity Analysis – Excluding hospitals where only admitted patients are included.

	N (%)
Patient Characteristics	
Number of patients	758
Age, days [IQR]	46 [15, 96]
Sex	
Female	394 (52.0)
Male	364 (48.0)
Patient Risk Factors	
Gestational age	
Term (≥37 weeks)/Not indicated	642 (84.7)
Late preterm (34-36+ weeks)	78 (10.3)
Moderate preterm (32-33+ weeks)	20 (2.6)
Very preterm (28-31+ weeks)	18 (2.4)
Prematurity (<32 week) or corrected < 45 weeks	122 (16.1)
Age ≤ 60 days	449 (59.2)
Family history concerning for serious condition	68 (9.0)
Social history concerning for abuse	28 (3.7)
Abnormal medical history	208 (27.4)
Gastroesophageal reflux or feeding-related conditions	38 (5.0)
Neonatal respiratory disorders	67 (8.8)
Jaundice	51 (6.7)
Conditions related to prematurity	93 (12.3)
Other medical conditions	64 (8.4)
BRUE Characteristics[1]	
Color change	382 (50.4)
Abnormal breathing	465 (61.3)
Tone change	405 (53.4)
Altered responsiveness	283 (37.3)
Event duration ≥ 1 min	267 (35.2)
History of similar event	238 (31.4)
History of multiple events or event clusters	236 (31.1)
CPR performed and indicated	24 (3.2)
Higher-risk BRUE as defined by the AAP guidelines	699 (92.2)
Clinical Management	
Hospital admission	384 (50.7)
Length of stay (days [IQR])	1.59 [1.00, 2.49]
ICU admission	34 (8.9)
Length of stay (days [IQR])	2 [1, 4]
Treatments	
Anti-epileptics	7 (0.9)
Antimicrobials	55 (7.3)
Acid suppression or anti-reflux medications	65 (8.6)
Nasogastric feeds	9 (1.2)
IV fluids	33 (4.4)
Caffeine	10 (1.3)
Oxygen (low flow nasal prongs, or high-flow)	14 (1.8)
Positive pressure ventilation (CPAP or BiPAP)	3 (0.4)

CPR training offered	28 (3.7)
Complications	78 (10.3)
IV extravasation	2 (0.3)
Non clinically significant events on monitors	25 (3.3)
Significant surgical complications	1 (0.1)
False positive testing	54 (7.1)
Other	7 (0.9)
Diagnostic testing[2]	580 (76.5)
Consultations[3]	250 (33.0)
Clinical Outcomes	
Underlying diagnosis[4]	
Serious	41 (5.4)
Non-serious	254 (33.5)
N/A (Unexplained)	463 (61.1)
Recurrent event	102 (13.5)
During index visit	66 (8.7)
After discharge[4]	45 (5.9)
Return visit[4]	158 (20.8)
Return visit[4] – Related to BRUE	67 (8.8)
Re-hospitalization[4]	41 (5.4)
Death[4]	1 (0.1)

[1] Patient may present with BRUE episodes including multiple characteristics.
[2] Diagnostic testing included laboratory testing (bloodwork, urine or cerebral spinal fluid studies, imaging, and ancillary testing).
[3] Consultations included evaluation by specialists or allied healthcare providers.
[4] At or within 90 days of index presentation.

AAP: American Academy of Pediatrics; BRUE: Brief Resolved Unexplained Event; BiPAP: Bilevel Positive Airway Pressure; CPAP: Continuous Positive Airway Pressure; CPR: Cardiopulmonary Resuscitation; ICU: Intensive Care Unit; IV: Intravenous; IQR: Interquartile Range.

Table S5. Demographics, Clinical Management and Outcomes of Patients with BRUE. Sensitivity Analysis – Excluding patients who were transferred in or out.

	N (%)
Patient Characteristics	
Number of patients	941
Age, days [IQR]	43 [14, 86]
Sex	
Female	477 (50.7)
Male	464 (49.3)
Patient Risk Factors	
Gestational age	
Term (≥37 weeks)/Not indicated	805 (85.5)
Late preterm (34-36+ weeks)	92 (9.8)
Moderate preterm (32-33+ weeks)	25 (2.7)
Very preterm (28-31+ weeks)	19 (2.0)
Prematurity (<32 week) or corrected < 45 weeks	156 (16.6)
Age ≤ 60 days	583 (62.0)
Family history concerning for serious condition	114 (12.1)
Social history concerning for abuse	42 (4.5)
Abnormal medical history	282 (30.0)
Gastroesophageal reflux or feeding-related conditions	69 (7.3)
Neonatal respiratory disorders	84 (8.9)
Jaundice	67 (7.1)
Conditions related to prematurity	114 (12.1)
Other medical conditions	87 (9.2)
BRUE Characteristics[1]	
Color change	454 (48.2)
Abnormal breathing	610 (64.8)
Tone change	550 (58.4)
Altered responsiveness	342 (36.3)
Event duration ≥ 1 min	323 (34.3)
History of similar event	300 (31.9)
History of multiple events or event clusters	291 (30.9)
CPR performed and indicated	39 (4.1)
Higher-risk BRUE as defined by the AAP guidelines	881 (93.6)
Clinical Management	
Hospital admission	586 (62.3)
Length of stay (days [IQR])	1.71 [1.00, 2.99]
ICU admission	41 (7.0)
Length of stay (days [IQR])	2 [1, 6]
Treatments	
Anti-epileptics	13 (1.4)
Antimicrobials	53 (5.6)
Acid suppression or anti-reflux medications	147 (15.6)
Nasogastric feeds	9 (1.0)
IV fluids	45 (4.8)
Caffeine	18 (1.9)
Oxygen (low flow nasal prongs, or high-flow)	21 (2.2)
Positive pressure ventilation (CPAP or BiPAP)	7 (0.7)

CPR training offered	128 (13.6)
Complications	135 (14.3)
IV extravasation	1 (0.1)
Non clinically significant events on monitors	37 (3.9)
Significant surgical complications	0 (0.0)
False positive testing	107 (11.4)
Other	4 (0.4)
Diagnostic testing[2]	759 (80.7)
Consultations[3]	394 (41.9)
Clinical Outcomes	
Underlying diagnosis[4]	
Serious	63 (6.7)
Non-serious	380 (40.4)
N/A (Unexplained)	498 (52.9)
Recurrent event	142 (15.1)
During index visit	99 (10.5)
After discharge[4]	56 (6.0)
Return visit[4]	194 (20.6)
Return visit[4] – Related to BRUE	80 (8.5)
Re-hospitalization[4]	58 (6.2)
Death[4]	1 (0.1)

[1] Patient may present with BRUE episodes including multiple characteristics.
[2] Diagnostic testing included laboratory testing (bloodwork, urine or cerebral spinal fluid studies, imaging, and ancillary testing).
[3] Consultations included evaluation by specialists or allied healthcare providers.
[4] At or within 90 days of index presentation.

AAP: American Academy of Pediatrics; BRUE: Brief Resolved Unexplained Event; BiPAP: Bilevel Positive Airway Pressure; CPAP: Continuous Positive Airway Pressure; CPR: Cardiopulmonary Resuscitation; ICU: Intensive Care Unit; IV: Intravenous; IQR: Interquartile Range.

Table S6. Univariable and Multivariable Mixed-Effects Logistic Regression Analyses of Risk Factors for Serious Underlying Diagnosis and Event Recurrence. Age was included as a binary and continuous variable in the univariable analyses. Only the binary variable (< vs. ≥ 60 days) was included in the multivariable analyses.

	Unadjusted		Adjusted	
	OR [95%CI]	**P-value**	**aOR [95%CI]**	**P-value**
Serious Underlying Diagnosis				
Sex = Male	0.86 [0.54 - 1.37]	0.53	0.74 [0.44 - 1.25]	0.26
Prematurity (<32 week) or corrected < 45 weeks	1.92 [1.13 - 3.26]	0.02	1.45 [0.68 - 3.10]	0.34
Age < 60 days	1.46 [0.87 - 2.44]	0.15	1.28 [0.70 - 2.33]	0.43
Age [continuous (months)]	0.91 [0.81 - 1.02]	0.10	–	–
Concerning family history	2.91 [1.63 - 5.20]	<0.001	1.85 [0.96 - 3.57]	0.06
Medical history: Gastroesophageal reflux or feeding-related conditions	1.23 [0.57 - 2.65]	0.59	0.92 [0.39 - 2.17]	0.85
Medical history: Jaundice	1.87 [0.91 - 3.84]	0.09	1.14 [0.47 - 2.77]	0.77
Medical history: Neonatal respiratory disorders	1.93 [1.01 - 3.68]	0.05	1.51 [0.70 - 3.29]	0.30
Medical history: Conditions related to prematurity	1.89 [1.05 - 3.42]	0.03	1.20 [0.51 - 2.82]	0.67
Medical history: Other medical conditions	1.27 [0.61 - 2.65]	0.53	0.81 [0.34 - 1.93]	0.64
Concerning social history	1.21 [0.45 - 3.22]	0.70	1.25 [0.44 - 3.57]	0.67
Color change	1.19 [0.75 - 1.90]	0.46	1.01 [0.60 - 1.71]	0.96
Abnormal breathing pattern	1.62 [0.94 - 2.79]	0.08	1.43 [0.79 - 2.60]	0.24
Change in tone	1.13 [0.70 - 1.82]	0.62	1.03 [0.60 - 1.78]	0.92
Altered responsiveness	1.13 [0.70 - 1.82]	0.61	1.33 [0.76 - 2.31]	0.32
Duration ≥ 1 minute	1.26 [0.77 - 2.04]	0.35	2.10 [1.18 - 3.75]	0.01
Multiple events (prior to presentation)	3.55 [2.10 - 6.02]	<0.001	3.07 [1.70 - 5.56]	<0.001
Event recurrence	7.65 [4.66 - 12.55]	<0.001	6.43 [3.73 - 11.08]	<0.001
Event Recurrence				
Sex = Male	1.18 [0.84 - 1.65]	0.35	1.10 [0.77 - 1.58]	0.59
Prematurity (<32 week) or corrected < 45 weeks	1.27 [0.84 - 1.94]	0.26	0.70 [0.39 - 1.24]	0.22
Age < 60 days	1.42 [0.98 - 2.05]	0.06	1.87 [1.24 - 2.84]	0.003
Age [continuous (months)]	0.92 [0.84 - 0.99]	0.04	–	–
Concerning family history	2.50 [1.56 - 4.00]	<0.001	2.32 [1.40 - 3.84]	0.001
Medical history: Gastroesophageal reflux or feeding-related conditions	1.90 [1.10 - 3.28]	0.02	1.51 [0.84 - 2.73]	0.17
Medical history: Jaundice	1.82 [1.05 - 3.18]	0.03	1.25 [0.66 - 2.38]	0.49
Medical history: Neonatal respiratory disorders	1.48 [0.88 - 2.49]	0.14	1.07 [0.59 - 1.95]	0.83
Medical history: Conditions related to prematurity	1.79 [1.14 - 2.82]	0.01	2.03 [1.07 - 3.87]	0.03
Medical history: Other medical conditions	2.12 [1.29 - 3.49]	0.003	2.04 [1.19 - 3.50]	0.01
Concerning social history	1.25 [0.60 - 2.60]	0.55	0.97 [0.44 - 2.15]	0.95
Color change	1.28 [0.91 - 1.80]	0.15	1.24 [0.87 - 1.79]	0.24
Abnormal breathing pattern	1.25 [0.86 - 1.82]	0.24	0.96 [0.64 - 1.45]	0.85
Change in tone	1.17 [0.83 - 1.66]	0.38	1.24 [0.85 - 1.80]	0.27
Altered responsiveness	0.84 [0.59 - 1.21]	0.35	1.08 [0.72 - 1.60]	0.72

Duration ≥ 1 minute	0.63 [0.43 - 0.92]	0.02	0.74 [0.49 - 1.13]	0.16
Multiple Events (prior to presentation)	3.29 [2.28 - 4.75]	<0.001	2.98 [2.02 - 4.40]	<0.001