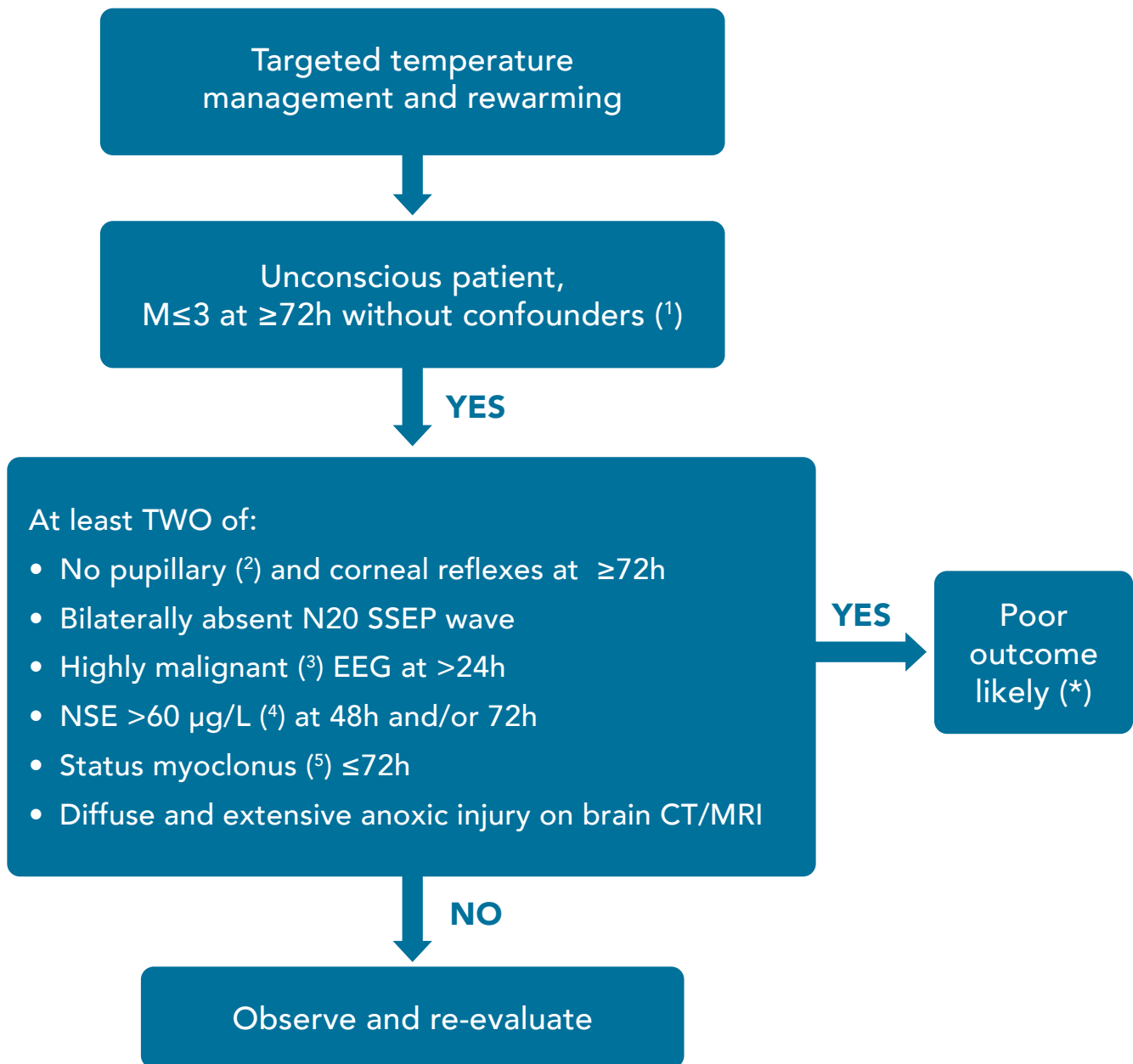


NEUROPROGNOSTICATION FOR THE COMATOSE PATIENT AFTER RESUSCITATION FROM CARDIAC ARREST



¹ Major confounders may include analgo-sedation, neuromuscular blockade, hypothermia, severe hypotension, hypoglycaemia, sepsis, and metabolic and respiratory derangements

² Use an automated pupillometer, when available, to assess pupillary light reflex

³ Suppressed background ± periodic discharges or burst-suppression, according to American Clinical Neurophysiology Society

⁴ Increasing NSE levels between 24h-48h or 24/48 and 72h further support a likely poor outcome

⁵ Defined as a continuous and generalised myoclonus persisting for 30 minutes or more

* Caution in case of discordant signs indicating a potentially good outcome (see text for details).