Consider using as part of multi-modal testing for FAVORABLE OUTCOME

Day 1		Day 2	Day 3	Day 4	Day 4 Day 5-	
0-12h	13-24h	25-48h	49-72h	73-96h	2 weeks	
	Presence of sleep spindles or stage II sleep on EEG 12-24 hours	background 1-72 hou	rs (P)	Normal MRI ≥72 h	iours (in the second se	

Consider using as part of multi-modal testing for UNFAVORABLE OUTCOME

Day 1		Day 2	Day 3	Day 4	Day 5-
0-12h	13-24h	25-48h	49-72h	73-96h	2 weeks
CT scan showing los Matter Differentiat	s of Grey-White ion < 24 hours	3)	Absence of pupil reactivity to light at 48 and 72 hours	MRI showing high isch on ADC mapping 2	nemic burden 272 hours
			us, burst suppression, GPEDs 24-72 hours		

Recommendation against the use of:

Any single test in isolation



Blood pH for any outcome Lactate values to support unfavorable outcome



Clinical Exam: GCS or absent pupillary reactivity to light within 24 hours of ROC to support an unfavorable outcome



Normal head CT within the first 48 hours after ROC to support favorable outcome



EEG: presence of clinical or electrographic seizures, absence of sleep spindles or sleep II architecture, absence of continuous or normal EEG background, absence of EEG reactivity and absence of EEG variability to support unfavorable neurologic prognosis

EEG: absence of burst suppression, burst attenuation, generalized periodic epileptiform discharges, attenuated, isoelectric or flat EEG, absence of clinical or electrographic seizures, absence of status epilepticus or myoclonic seizures to support favorable neurologic prognosis

Insufficient evidence for a recommendation for or against the use of:



Neuronal Biomarkers: S100beta, Neuron Specific Enolase, Neurofilament Light Chain



EEG: attenuated, isoelectric or flat EEG or myoclonic status epilepticus to support unfavorable neurological outcome



Clinical exam: cough or gag, or any motor response for any outcome

Total GCS or GCS motor score for favorable outcome