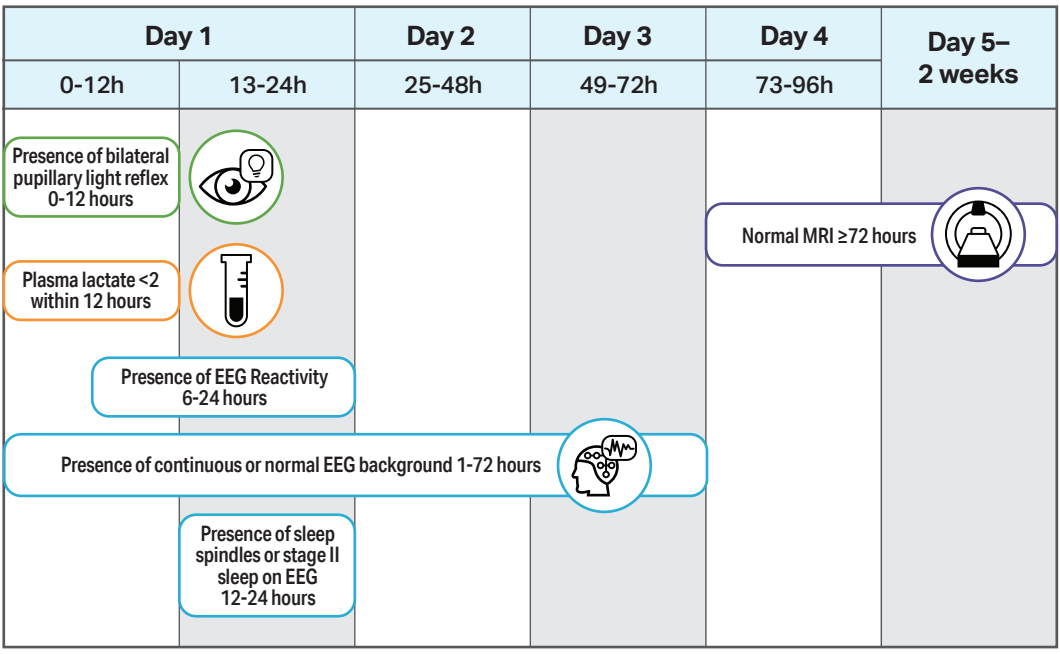
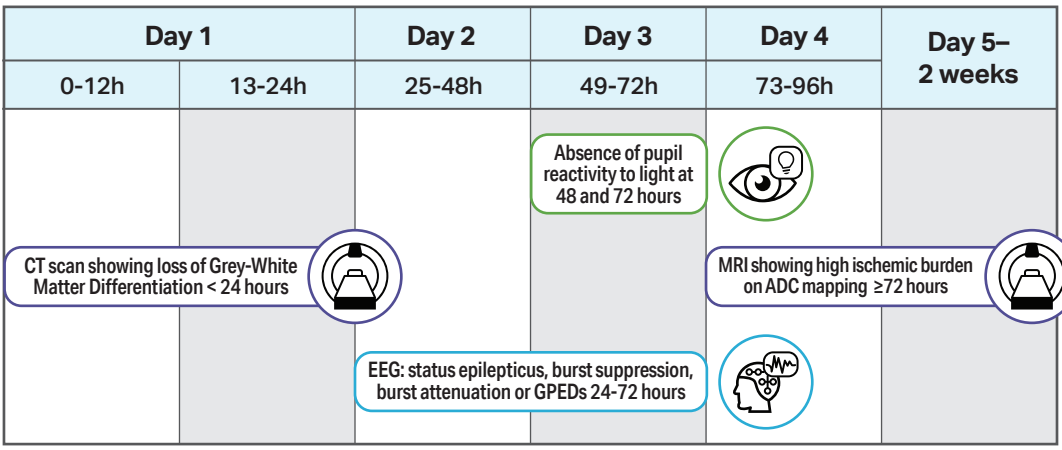
Consider using as part of multi-modal testing for FAVORABLE OUTCOME



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



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