Targeted temperature management and rewarming

Unconscious patient, M≤3 at ≥72h without confounders (1)

At least TWO of:
• No pupillary (2) and corneal reflexes at ≥72h
• Bilaterally absent N20 SSEP wave
• Highly malignant (3) EEG at >24h
• NSE >60 µg/L (4) at 48h and/or 72h
• Status myoclonus (5) ≤72h
• Diffuse and extensive anoxic injury on brain CT/MRI

YES

Poor outcome likely (*)

NO

Observe and re-evaluate

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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).