

**Cardiac Arrest Center  
of Excellence**

**SOP prognostication**

**Early prognostication after cardiac arrest:**

- 1) Medianus SEP after day 3-5. Repeat if first exam was pathological (“N20 missing”)
- 2) Neuron-specific Enolase (NSE) after 72 hours
- 3) EEG after end of sedation for at least 24 hours; earliest time of EEG testing 4 days after cardiac arrest

**Consultation of Neurologist**

- 1) At any time if focal neurological signs occur (e.g. hemisyndrome, seizures)
- 2) If patient remains comatose and SEP, EEG and NSE testing is completed

**Post-hypoxic myoclonus**

- 1) Piracetam 2x3200mg and increase dose every 3 days by 4800mg.  
Max. dose is 40g/d. IV: 12g/d
- 2) Levetiracetam 2x500mg IV. Max. dose is 2x1500mg
- 3) Valproate: first dose 5-10mg/kg/d IV. Then accretion 1mg/kg/h. Max. dose is 2.5g/d IV. Target range 50-100mg/L

**Advanced examination**

Brain CT scan if continuously comatose or focal neurological signs and reliable prognostication with examination, NSE, SEP and EEG is not possible (see flowchart).

Evaluation of the results by Neuroradiologist and analysis of “gray-matter-white-matter ratio” (GWR). A GWR <1.16 is an additional indicator for a poor outcome in patients with hypoxic brain damage.

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