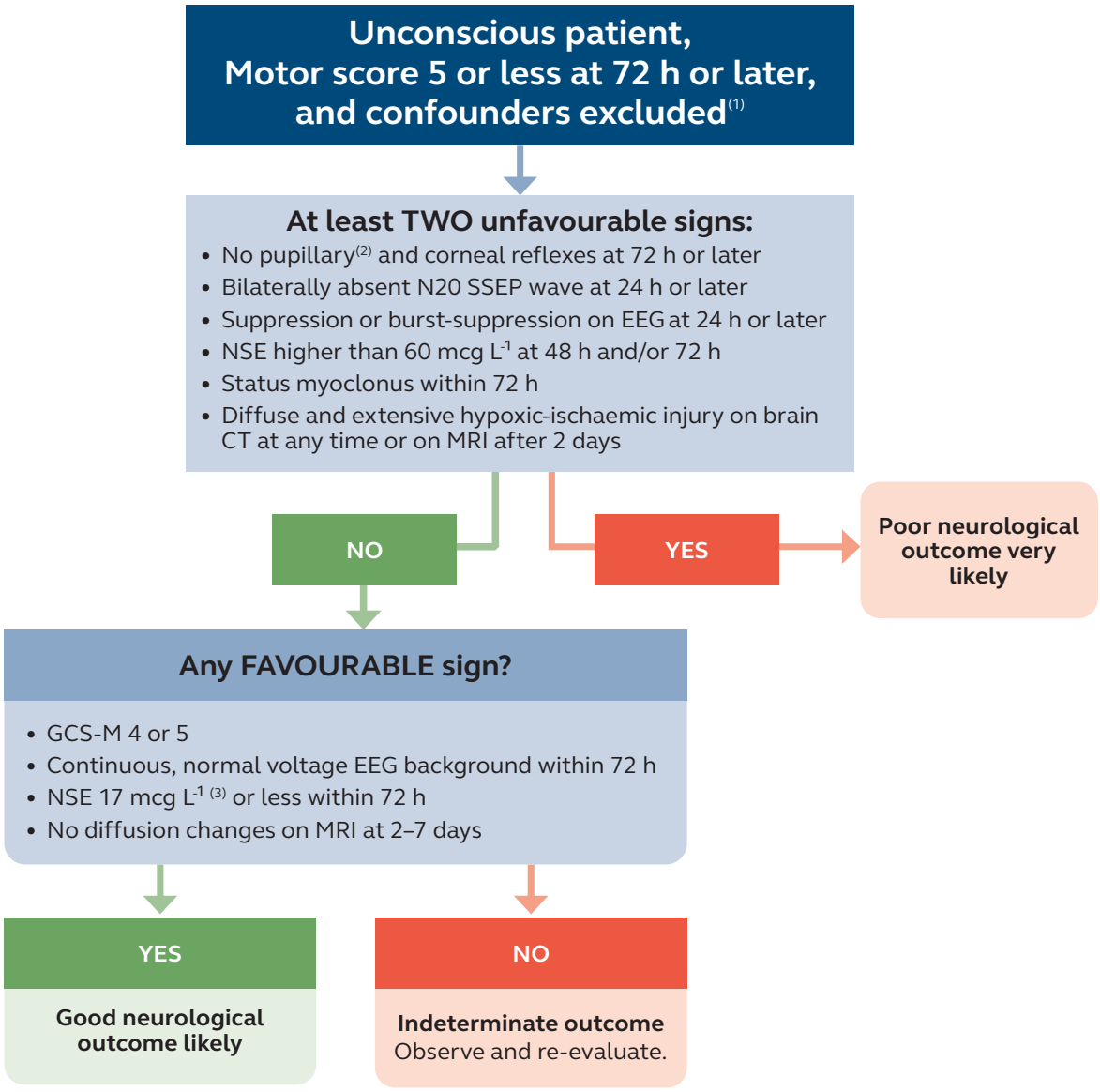
Resuscitation Council UK

GUIDELINES 2025

Neuroprognostication of the comatose adult patient after resuscitation from cardiac arrest



1. Major confounders may include analgo-sedation, neuromuscular blockade, hypothermia, severe hypotension, hypoglycemia, sepsis, and metabolic and respiratory derangements.
2. Use a pupillometer, when available, to determine if the pupillary light reflex is absent.
3. Perform serial NSE samples at 24, 48, and 72 h after ROSC to detect NSE trends and minimise confounding from occasional haemolysis. Increasing NSE values between 24-48 h or 24/48 h and 72 h further support a likely poor outcome.