

become reliable in identifying patients with a very low likelihood of clinically meaningful recovery. For example, the false-positive rate for incorrect prediction of poor neurologic outcome may be as high as 21% (95% confidence interval [CI] 8–43%) for patients treated with mild hypothermia who exhibit 3-day motor function no better than extensor posturing. Thus, sufficient time from injury is important to ensure accuracy of prognostic assessment. The minimum observation period to ensure accuracy of prognostication remains unclarified. Long-term consequences of hypoxic-ischemic encephalopathy include persistent coma or an unresponsive wakeful state (**Chap. 28**), dementia (**Chap. 29**), visual agnosia (**Chap. 30**), parkinsonism, choreoathetosis, cerebellar ataxia, myoclonus, seizures, and an amnestic state, which may be a consequence of selective damage to the hippocampus.

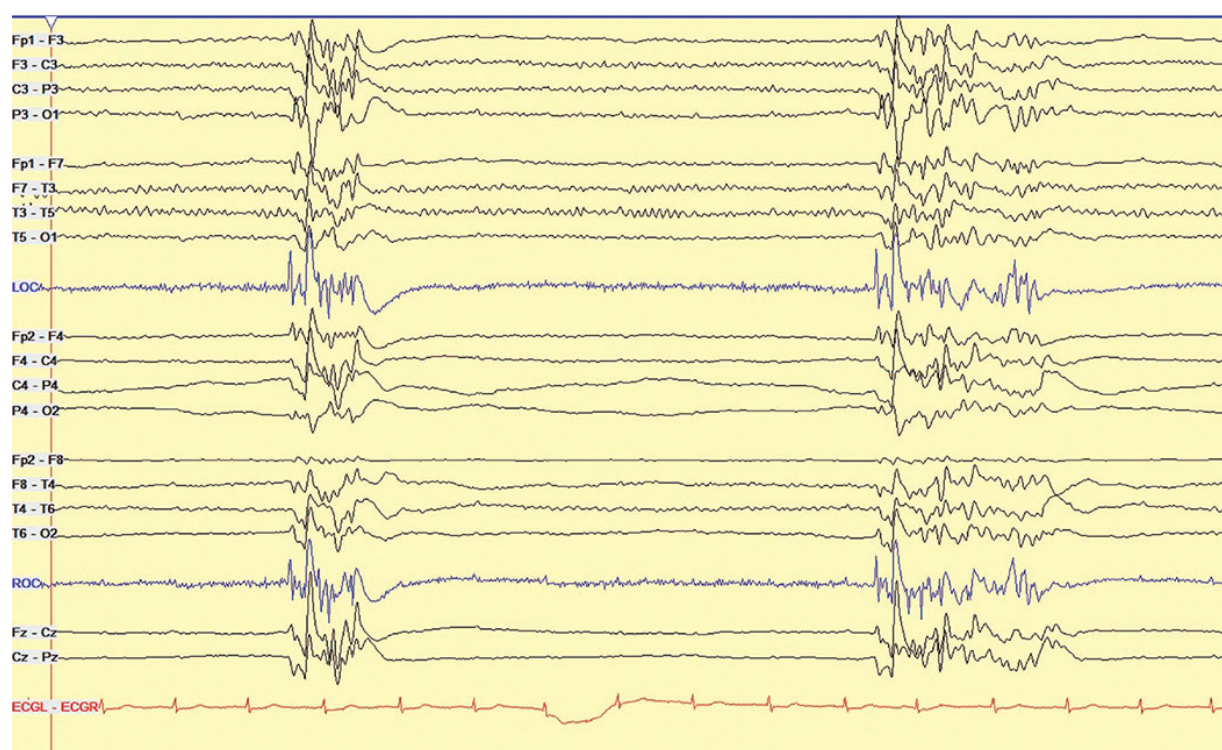


FIGURE 307-3 Electroencephalography (EEG) after cardiac arrest. A burst-suppression pattern is seen in a comatose patient with severe hypoxic-ischemic encephalopathy after cardiac arrest. In this patient, each burst on EEG was associated with a whole-body jerking movement leading to the clinical and electrophysiologic diagnosis of myoclonic status epilepticus.