Checklist for neuroprognostication by blinded physician at 72 hours from randomization

For details, see Neurological Prognostication Manual, available at www.princess2.org

1. Unconscious patient (M ≤ 3) ≥ 72 h after randomization, without any confounders:

Yes ☐   No ☐

2.			
Corneal and pupillary reflexes (mandatory)	Performed☐	Poor☐	Not conclusive☐
SSEP	Performed☐	Poor☐	Not conclusive☐
Brain CT/Brain MRI	Performed☐	Poor☐	Not conclusive☐
Status myoclonus within 48 hours		Present☐	Not present ☐
High NSE	Performed☐	Poor☐	Not conclusive☐
EEG (mandatory)	Performed☐	Poor☐	Not conclusive☐

3. Does this patient fulfil the study criteria (see below) for a likely poor neurologic outcome:

Yes ☐   No ☐

Document this answer in e-CRF

Study criteria for likely poor outcome

The following criteria, evaluated at the earliest at 72 hours after randomization or later, need to be fulfilled to establish a likely poor neurological outcome:

- Unconscious patient with absent or extensor motor response to pain (no confounders e.g. sedation)

AND at least TWO of the following:

- Bilaterally absent pupillary and corneal reflexes
- Bilaterally absent SSEP N20-responses
- Diffuse anoxic brain injury on CT or MRI
- Documented status myoclonus within 48h of randomisation

- High levels of serum NSE (>60ug/L at 48 h and/or 72 h)
- An EEG with a highly malignant pattern and without any observed reactivity to sound or pain. Patterns that are considered highly malignant are:
    - Suppressed background (amplitude <10mV, 100% of the recording) without discharges
    - Suppressed background with superimposed continuous periodic discharges
    - Burst-suppression (periods of suppression with amplitude <10mV constituting 50% of the recording) without discharges
    - Burst-suppression with superimposed discharges