Cardiac arrest is the 3rd leading cause of coma resulting in ICU admission after trauma and drug overdose. The symptomatology and clinical outcome of patients with anoxic brain damage depend on the severity & duration of oxygen deprivation to the brain.

Clinical predictors of unfavourable prognosis in anoxic coma include:
(i) time interval of greater than 8 minutes until initiation of CPR
(ii) duration of CPR >30 minutes before ROSC
(iii) duration of post-anoxic coma of >72hrs
(iv) absence of pupillary responses on day 3
(v) motor response of extension or absent response on day 3
(vi) myoclonic jerks

Features of hypoxic encephalopathy that may be seen in EEG include:
(i) presence of theta activity
(ii) diffuse slowing
(iii) burst suppression (seen with more severe forms)
(iv) alpha coma (seen with more severe forms)

- Visual, brainstem and somatosensory evoked potentials test the integrity of neuroanatomical pathways within the brainstem and spinal cord.