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**Response to De Jonghe et al.:
Prognostication of neurological
outcome after cardiac arrest:
standardization of neurological
examination conditions is
needed**

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Dear Editor,
We thank Dr. De Jonghe for his
interest in our meta-analysis on
prognostication after cardiac arrest
[1]. We agree with De Jonghe et al.
that, in general, standardization of
prognostic tests will improve the
sensitivity and specificity of the test
[2]. Specifically in patients after car-
diac arrest treated with hypothermia,
timing of the prognostic tests, dosage
of the sedatives, timing and decision
to withdraw active treatment, and a
large number of other known and
unknown confounders will influence
the outcome. As this was a meta-
analysis, we could not control the
timing or technical performance of

the diagnostic tests in the original
observational studies. We believe that
the post cardiac arrest treatment and
prognostication protocols described
in the original studies reflect current
practice in a large number of hospi-
tals worldwide. As such, the main
conclusion of our analysis that
absence of motor response and cor-
neal reflexes at least 72 h after CPR
are not reliable to predict poor out-
come is robust and applicable to a
large number of patients, despite the
presence of possible confounders.

Conflicts of interest The authors have no
conflict of interest.

References

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2. De Jonghe B, Sharshar T, Outin H (2014) Prognostication of neurologic outcome after cardiac arrest: standardization of neurological examination conditions is needed. *Intensive Care Med*. doi: [10.1007/s00134-013-3157-8](https://doi.org/10.1007/s00134-013-3157-8)

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