Late awakening is common in settings without withdrawal of life-sustaining therapy in out-of-hospital cardiac arrest survivors who undergo targeted temperature management.

**Design**
Retrospective, multicenter analysis of the Korean Hypothermia Network Pro registry (KORHN-PRO)

**Patients**
- Adult (≥ 18 yr), Oct. 2015 - Dec. 2018
- Comatose out-of-hospital cardiac arrest survivors
- Targeted temperature management at 33–36°C

**Primary outcome** = Awakening Time*
- Late Awakening = > 72 hrs after rewarmed

**Secondary outcome** = 6-month neurologic outcomes
- Poor outcome = Cerebral Performance Category 3–5

**Results**
1,145 out-of-hospital cardiac arrest survivors

- 15.5% (74/477) of those who woke up had poor neurologic outcomes
- 19.4% with good neurologic outcome awakened late
- 51.4% with poor neurologic outcome awakened late

78/403 [19.4%]; p < 0.001
38/74 [41.4%]; p < 0.001

**Factors Independently Associated with Poor Neurologic Outcomes**
- Awakening time
  - OR 1.005; 95% CIs, 1.003–1.008
- Late awakening
  - OR 3.194; 95% CIs, 1.776–5.746

**Conclusion**
Late awakening after out-of-hospital cardiac arrest was common, in no withdrawal of life-sustaining therapy settings, and the probability of awakening decreased over time.

*Time from the end of rewarming to awakening. Awakening = GCS ≥ 9 or GCS motor score = 6

Data from Lee, et al: Crit Care Med 2022