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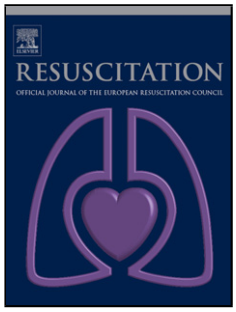

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ACCEPTED MANUSCRIPT

Decreasing Neurologic Injury in Children after Hypoxic Injury: Is Transcutaneous Doppler the Way to Go?

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Poor neurologic outcomes in children after a neurologic insult from hypoxic ischemic injury (HII) continues to be an important and challenging issue. It is not clear what interventions can be done after the injury to improve long-term neurologic outcomes. In the Therapeutic Hypothermia after Pediatric Cardiac Arrest Trials, both the in-hospital and out-of-hospital cardiac arrest groups demonstrated no benefit of survival with a favorable neurobehavorial outcome with the use of therapeutic hypothermia.[1,2] In the out-of-hospital arrest cohort, only 16% of patients with baseline good neurologic function were alive with good neurologic outcome 1-year after the cardiac arrest.[2] Consequently, it is critically important to develop interventions that can reduce the burden of neurologic injury in children after HII.

In this issue of Resuscitation Lovett and colleagues[3] make an important contribution to the field, describing cerebral blood flow velocity and autoregulation in children with a global HII following cardiac arrest, submersion injury, or asphyxia injury. The investigators used transcutaneous Doppler

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