

We thank the editors and the reviewers for considering our manuscript and advising changes to further improve it. We have addressed all the queries raised by the reviewers. We hope, you will find it appropriate for publication now. However, we will be happy to make any further changes you may suggest.

Reviewer	Reviewer's comments	Authors reply	Changes made
#1	<p>This review comprehensively discusses the current applications and researches of AI in managing critically ill diabetic patients. Specifically, this review described a number of complex AI systems, and their clinical applications. The researches of AI in diabetes management in ICU is mainly discussed, with emphasis on blood glucose control. Furthermore this review analyzes the limitations of AI in managing critically ill diabetic patients, which enlightens the future researches. We believe this review has strong medical implications, however, there are still some limitations: 1. This review did not contain an introduction to AI algorithms applied in managing critically ill diabetic patients. Therefore, we propose to add a review of these AI algorithms.</p>	<p>Thanks for your comments. As we wanted the review to be more clinical oriented, we had skipped that discussion and added brief information regarding these algorithms along with their clinical applications. However, we have now added an introduction to AI algorithms as advised.</p>	<p>Have added several paragraphs on AI algorithms under "artificial intelligence"</p>
#2	<p>This mini-review entitled "Artificial Intelligence in Critically Ill Diabetic Patients: Current Status and Future Prospects" is a nice manuscript that describes all challenges to manage patients with diabetes mellitus in ICU and discuss the possibility of using artificial intelligence (AI) for the better control and to achieve a better prognosis for this prevalent disease in this specific</p>	<p>We thank the reviewer for a positive feedback. We have made the necessary spelling corrections.</p>	<p>Changes made in the manuscript</p>

	<p>population. The manuscript is well written and presents few spelling mistakes (like "diabetes milletus" in page 6, last line) and it also has up-to date references.</p>		
	<p>The authors discuss all gaps that exist in providing better outcomes for patients with diabetes mellitus in the ICU making a point by point review considering all the issues involved regarding glycemic control assessment. However, it was not clear what is currently the contribution of AI in this scenario. The authors draw a table describing the devices that might help but it is not well explained in the text how do they work and if they are already in use highlighting the evidence of benefits. And they only appear in the table.</p>	<p>We appreciate the concern raised by the reviewer. The devices discussed in Table 1 are for non-critically ill patients and have not been evaluated in ICU patients. Hence, we did not discuss them in detail, as it was beyond the scope of the article. We just included a small para for the sake of completion.</p>	<p>Have added 2 more paragraphs regarding their use</p>
	<p>Also, the authors wrote an entire paragraph discussing the pitfalls of management of diabetes patients with COVID-19, which, I think, is out of the scope of the article. If the aim of the article was to promote a debate about AI, it is technically sound.</p>	<p>We added this paragraph to highlight the shortcomings of the current technology in managing specific COVID-19 patients and its implications on patient outcomes, and how AI can improvement care in such a clinical scenario.</p>	<p>Have removed the said paragraph.</p>
	<p>However, I would expect a deeper discussion with better evidence of the linkage about AI and diabetes in the ICU.</p>	<p>Have made the necessary changes</p>	<p>Have added more details regarding AI algorithms, and their applications in diabetes</p>

			critical care and added more literature on their clinical applications (AP, CRIS)
Section editor	The paper explores the role of Artificial Intelligence in Critically Ill Diabetic Patients. The topic is of interest and the paper is well written. However, the manuscript should be revised in order to increase its scientific interest. Authors should provide an introduction to AI algorithms already applied in managing critically ill diabetic patients.	Thanks for your comments.	Have added several paragraphs on AI algorithms under "artificial intelligence"
	The contribution of AI in glycemic control assessment should be better clarified, underlying limitations and point of strength.	Have made the necessary changes	Have added more details regarding AI algorithms, and their applications in diabetes critical care (AP, CRIS) Have added paragraph on Strengths of AI
	The devices listed in table 1 need a short description (use, function, limitations).	The devices discussed in Table 1 are for non-critically ill patients and have not been evaluated in ICU patients. Hence, we did not discuss them in detail, as it was beyond the scope of the article. We just included a	Have added 2 more paragraphs

		small para for the sake of completion.	
	The section treating the management of diabetes in patients with COVID-19 should be significantly shortened	Have made the necessary changes	Have removed a complete paragraph