

We thank the editors and the reviewers for considering our manuscript and advising changes to further improve it. We have incorporated all the changes as suggested 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.

No.	Reviewer's comments	Authors reply	Changes made
#1	Juneja et al. systematically analyzed the need and the way how to monitor blood glucose levels in ICU patients. The MS is of outstanding value for clinicians involved in management of life-threatening patients. Gentle English polishing is necessary (flaws, drawbacks, and shortcomings in one text!). The chapters are presented in logical manner, maybe too long for mini-review to me. The only drawback to me are invisible references in the text, so I cannot see the used literature. This MS must be published!	Thank you for your inputs. We have added the necessary text.	Necessary changes made throughout the manuscript and references added.
#2	Although the subject is fascinating and important, the following serious comments have been made: 1) There is no reference list in the manuscript.	Thank you for your inputs. Sorry for the oversight.	List of references added
	What is the meaning of continuous glucose monitoring? Is it the capillary monitoring?	Continuous glucose monitoring devices can give us real time blood glucose levels. These devices can be placed transdermally, subcutaneously or intra-vascularly. They have been described in detail in the text. They do not employ capillary sampling.	Necessary changes made

	3) Table one has two columns and the same title. This means that it should be converted to text or redesigned to distinguish between the two columns.	The columns are labelled differently. The 1 <sup>st</sup> one enumerates the risk factors for <b>hyperglycaemia</b> and the second one for <b>hypoglycaemia</b> .	No changes made
	4) While Table 2 contains useful information, what are pao2 and paco2? I believe they are ppO2 and ppCO2. Also, what is the nature of the "inconvenience" in capillary monitoring for pain? Capillary monitoring is known to be painless.	Have explained the paO2 and paCO2.  Have changed "inconvenience" to "discomfort"	Necessary changes made in the table.
	5) The authors have to convert all tables in a comparative manner as shown in Table 2.	Have ensured correct labelling and heads for all the tables	
	6) The last sentence in the heading "glycemic gap" is unclear: "an OR of 3.84 for the incidence of combined adverse outcomes, including length of IMV, LOS in the ICU, and hospital[50]".	The authors have taken a combination of adverse effects which included length of IMV, LOS in the ICU, and hospital, wherein if any one of these 3 were present, it was taken as a negative outcome.	Line rephrased
	Finally, hyperglycemia is repeated and written twice in the keywords.	One is hyper and the other is	No changes made

		hypoglycaemia	
	A list of abbreviations should be included in the manuscript.		A list of abbreviations is added
#3	Dear Authors, This reviewer presents his appreciation for the submitted article and the work developed in it. This reviewer also considers that this mini-review is based on a solid and actual clinical issue, it is well written and it could potentially add a reliable contribution to the field, highlighting the main issues and challenges in this area in the near-future. This reviewer also considers that you may consider to refer the tipology of the manuscript in the abstract in order to increase the reader's interest. Best regards,	Thank you for your inputs.	Have made the necessary changes.