

Current state of glycemic control in critically ill ...

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3259024>

Jan 06, 2012 · For hyperglycemic critically ill patients we recommend a **blood glucose target** of 8.0–10 mmol/L (144–180 mg/dL). To achieve this target we suggest that use of intravenous fluids that contain **glucose** should be minimized and administration of insulin be commenced if **blood glucose** exceeds 10.0 mmol/L (180 mg/dL), and adjusted when needed to maintain **blood glucose** of 8.0–10.0 mmol/L ...

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Author: Vasileios Zochios, Jonathan Wilkinson, Jo...

Publish Year: 2012

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Glycemic control in the critically ill: What have we ...

<https://pubmed.ncbi.nlm.nih.gov/26224425>

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We employed network meta-analysis to examine the risk of mortality and hypoglycemia associated with different glycemic control targets in critically ill adults. Methods: Electronic databases were searched up to 2016 for randomized controlled trials comparing various insulin regimens in critically ill adults with hyperglycemia.

Cited by: 96Author: Tomohide Yamada, Nobuhiro Shojima, Hisash...

Publish Year: 2017

The optimal target for acute glycemic control in ...

<https://pubmed.ncbi.nlm.nih.gov/27686353>


Purpose: The optimal target blood glucose concentration for acute glycemic control remains unclear because few studies have directly compared 144-180 with 110-144 or >180 mg/dL. Accordingly, we performed a network meta-

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Manuscript NO: 66725

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Glycemic targets in critically ill adults: A mini-review

Kay Choong See

Abstract

Illness-induced hyperglycemia impairs neutrophil function, increases pro-inflammatory cytokines, inhibits fibrinolysis and promotes cellular damage. In turn, these mechanisms lead to pneumonia and surgical site infections, prolonged mechanical ventilation, prolonged hospitalization, and increased mortality. For optimal glucose control, blood glucose measurements need to be done accurately, frequently and promptly. When choosing glycemic targets, one should keep the glycemic variability <4

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Author: Tomohide Yamada, Nobuhiro Shojima, Hi...

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Purpose: The optimal **target** blood glucose concentration for acute **glycemic** control remains unclear because few studies have directly compared 144-180 with 110-144 or >180 mg/dL. Accordingly, we performed a network meta-analysis to compare four different **target** blood glucose levels (<110, 110-144, 144-180, and >180 mg/dL) in terms of the benefit and risk of insulin therapy.

Cited by: 53

Author: Tomoaki Yatabe, Shigeaki Inoue, Masahi...

Publish Year: 2017

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