

## Answering the Reviewers:

*Reviewer's code:* 02446593

**Comments:** This article presents a simple method of managing diabetes in the perioperative period using an insulin infusion mixed in 5% dextrose in saline and adjusting as needed based on blood glucose (to maintain BG between 140 and 180). The article presents a reasonable method of titrating the insulin infusion but there is some confusion because the target BG is 140-180, yet the correction for high blood glucose starts at 200 mg/dl. What would the treating physician do if BG is between 180 and 200? The authors should clarify this in the table. They also need to say "every 4 hours" instead of "every fourth hour". The authors also state that only two simple regimens are known to them, but should add "Perioperative management of diabetes" by JB Marks (Perioperative management of diabetes. PMID:12537172) to their references and the body of the article.

**Authors' response:** We are very much pleased with the comments of this reviewer for the valuable points. To make it easier for the calculation we have suggested from 200 mg/dl, yet we accept that it's a mistake on our part. We realize now that it will be more specific if we start the corrections right from 180 mg/dl. Hence, we have changed it to 180 mg. We have also made the suggestions for glucose values of less than 140 mg/dl.

We have made it as "every four hours" instead of "every fourth hour".

We have also added the article by Marks JB as a reference to our manuscript. In fact, this reference has strengthened some of the points we have already mentioned in our article. We sincerely regret not being aware of this wonderful article. We are very much thankful to this reviewer for the wonderful remarks with positive comments and conclusion which certainly helped us to refine our manuscript further.

*Reviewer's code:* 02446387

The paper offers a simple regimen that is safer, economical and more effective than the other regimens available in diabetes care. 2. The quality of the paper is acceptable and informative. 3. This is not an empirical or data-based research paper. However, it is highly readable and useful for improving diabetes care.

**Authors' response:** We thank this reviewer for the positive comments/conclusion on our article.

*Reviewer's code:* 02627036

*Authors' response:* We also thank this reviewer for the positive comments/conclusion on our article.