

Tight Glycemic Control in the Hospital

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Abstract

Single center randomized controlled trials could demonstrate a benefit of strict glycemic control on the mortality and morbidity outcomes for critically ill patients. Although observational studies also demonstrate a benefit of tight glucose control for patients in general wards, direct evidence is still lacking. Overall, the implementation of glucose control both in the very controlled setting of an intensive care unit and even more so in the clearly less controlled setting of a general ward has proven to be difficult. Standardization of all required working steps to establish glycemic control needs to be considered to be able to achieve safe and good blood glucose control. Recent developments from diabetes technology will have an important impact in facilitating glucose control in the hospital, although the already established workflows in hospitals will require a substantial reconsideration of diabetes-oriented technology to allow an area-wide implementation and acceptance by health care personnel.

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