
The Clinical Imperative for Tight Glycemic Control

Bibliography

Part 1 of 2

Aubert RE, Geiss LS, Ballard DJ, Cocanougher B, Herman WH. Diabetes-related hospitalization and hospital utilization. In: NIH, 2nd ed. *Diabetes in America*. Bethesda, Md; 1995:553-570.

Bolk J, van der Ploeg T, Cornel JH, Arnold AE, Sepers J, Umans VA. Impaired glucose metabolism predicts mortality after a myocardial infarction. *Int J Cardiol*. 2001;79(2-3):207-214.

Furnary AP. Portland continuous intravenous insulin protocol: laboratory considerations. American Association of Clinical Chemists Web site. 2004. Available at: <http://www.aacc.org/access/insulin/presentation.htm>. Accessed March 22, 2005.

Furnary AP, Gao G, Grunkemeier GL, Wu Y, Zerr KJ, Bookin SO, Floten HS, Starr A. Continuous insulin infusion reduces mortality in patients with diabetes undergoing coronary artery bypass grafting. *J Thorac Cardiovasc Surg*. 2003;125(5):1007-1021.

Furnary AP, Wu Y, Bookin SO. Effect of hyperglycemia and continuous intravenous insulin infusions on outcomes of cardiac surgical procedures: the Portland Diabetic Project. *Endocr Pract*. 2004;10(Suppl 2):21-33.

Golden SH, Peart-Vigilance C, Kao WH, Brancati FL. Perioperative glycemic control and the risk of infectious complications in a cohort of adults with diabetes. *Diabetes Care*. 1999;22(9):1408-1414.

Levetan CS, Passaro M, Jablonski K, Kass M, Ratner RE. Unrecognized diabetes among hospitalized patients. *Diabetes Care*. 1998;21(2):246-249.

Malmberg K. Prospective randomised study of intensive insulin treatment on long term survival after acute myocardial infarction in patients with diabetes mellitus. DIGAMI (Diabetes Mellitus, Insulin Glucose Infusion in Acute Myocardial Infarction) Study Group. *BMJ*. 1997;314(7093):1512-1515.

Trence DL, Kelly JL, Hirsch IB. The rationale and management of hyperglycemia for in-patients with cardiovascular disease: time for change. *J Clin Endocrinol Metab*. 2003;88(6):2430-2437.

Umpierrez GE, Isaacs SD, Bazargan N, You X, Thaler LM, Kitabchi AE. Hyperglycemia: an independent marker of in-hospital mortality in patients with undiagnosed diabetes. *J Clin Endocrinol Metab*. 2002;87(3):978-982.

Zerr KJ, Furnary AP, Grunkemeier GL, Bookin S, Kanhere V, Starr A. Glucose control lowers the risk of wound infection in diabetics after open heart operations. *Ann Thorac Surg.* 1997;63(2):356-361.

Part 2 of 2

Capes SE, Hunt D, Malmberg K, Pathak P, Gerstein HC. Stress hyperglycemia and prognosis of stroke in nondiabetic and diabetic patients: a systematic overview. *Stroke.* 2001;32(10):2426-2432.

Jones BA, Bachner P, Howanitz PJ. Bedside glucose monitoring. A College of American Pathologists Q-Probes study of the program characteristics and performance in 605 institutions. *Arch Pathol Lab Med.* 1993;117(11):1080-1087.

Umpierrez GE, Isaacs SD, Bazargan N, You X, Thaler LM, Kitabchi AE. Hyperglycemia: an independent marker of in-hospital mortality in patients with undiagnosed diabetes. *J Clin Endocrinol Metab.* 2002;87(3):978-982.

van den Berghe G, Wouters P, Weekers F, Verwaest C, Bruyninckx F, Schetz M, Vlasselaers D, Ferdinande P, Lauwers P, Bouillon R. Intensive insulin therapy in the critically ill patients. *N Engl J Med.* 2001;345(19):1359-1367.

Vora AC, Saleem TM, Polomano RC, Eddinger VL, Hollenbeak CS, Girdharry DT, Joshi R, Martin D, Gabbay RA. Improved perioperative glycemic control by continuous insulin infusion under supervision of an endocrinologist does not increase costs in patients with diabetes. *Endocr Pract.* 2004;10(2):112-118.

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