

dergoing CABG, beginning preoperatively and continued for at least 12 hours postoperatively. Once the patient has been transferred to the intensive care unit (ICU) tighter glycemic control (serum glucose 4.5–6.0 mmol/L) with continuous insulin infusion should be instituted, as recommended in the 2003 Canadian Diabetes Association clinical practice guidelines.⁴ The infusion should be accompanied by a source of glucose and possibly potassium for the first 12 hours

after admission to the ICU. Serum glucose and potassium levels should be closely monitored during the infusion.

Alice Y.Y. Cheng
Division of Endocrinology
and Metabolism
St. Michael's Hospital
Department of Medicine
University of Toronto
Toronto, Ont.

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