# Article information:

CGM in the Hospital: Is It Ready for Prime Time? - PubMed  
<https://pubmed.ncbi.nlm.nih.gov/35796882/>

# Article summary:

1. Continuous glucose monitoring (CGM) is increasingly being used in the hospital setting, especially during the COVID-19 pandemic.

2. Studies have shown that CGM can reduce hypoglycemia in hospitalized patients and improve time in target glycemic range.

3. CGM may also reduce nursing workload, cost of inpatient care, and use of personal protective equipment and face-to-face patient care.

# Article rating:

Appears well balanced: The article presents the information in a reliable and balanced way, without biases and prejudices. The claims made in the article are well supported and, where applicable, all sides of the argument are given opportunity to present their point of view. The article appears trustworthy and reliable.

# Article analysis:

The article “CGM in the Hospital: Is It Ready for Prime Time?” is a review of existing literature on the use of continuous glucose monitoring (CGM) in the hospital setting. The article provides an overview of evidence for CGM use in critically ill or non-critically ill patients, accuracy and safety considerations, and paths for future implementation. The article is well written and provides a comprehensive overview of the current state of research on CGM use in hospitals.

The article does not appear to be biased or one-sided; it presents both sides of the argument fairly and objectively. It acknowledges potential risks associated with CGM use such as reduced sensor accuracy during extreme hypo- or hyperglycemia, rapid fluctuations of glucose, compression of the sensor itself, and in those who are critically ill. However, it also highlights potential benefits such as improved time in target glycemic range and reduced nursing workload, cost of inpatient care, and use of personal protective equipment and face-to-face patient care especially for patients during the COVID-19 pandemic.

The article does not appear to be promotional content or partiality; it does not make any unsupported claims or missing points of consideration. All claims made are supported by evidence from previous studies which are referenced throughout the article. Furthermore, all possible risks associated with CGM use are noted throughout the article as well as potential paths for future implementation which could help to further improve its efficacy when used in hospitals settings.

In conclusion, this article appears to be trustworthy and reliable; it provides an objective overview of existing literature on CGM use in hospitals without any bias or one-sided reporting while noting all possible risks associated with its use as well as potential paths for future implementation which could help to further improve its efficacy when used in hospitals settings.

# Topics for further research:

* Continuous Glucose Monitoring Accuracy
* Continuous Glucose Monitoring Safety
* Continuous Glucose Monitoring in Critically Ill Patients
* Continuous Glucose Monitoring in Non-Critically Ill Patients
* Cost of Inpatient Care with Continuous Glucose Monitoring
* Nursing Workload Reduction with Continuous Glucose Monitoring

# Report location:

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