Necessity for Excellent Glycemic Control Before, During and After CABG Surgery

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A 72 year-old male patient was admitted to the hospital with chest pain, shortness of breath, and a history of smoking. He was found to have a chronic obstructive pulmonary disease (COPD) and a history of diabetes mellitus type 2. He had been admitted to the hospital 4 times for chest pain and was found to have a 99% stenosis of the left anterior descending artery. The patient was a diabetic with a history of hyperglycemia and hypertension.

The patient was admitted to the coronary care unit and was found to have a blood glucose level of 250 mg/dL. He was started on insulin therapy and was transferred to a neighboring hospital for further evaluation.

The patient was found to have a myocardial infarction and was transferred to the intensive care unit. He was started on intravenous insulin therapy and was monitored closely for signs of hyperglycemia.

The patient was discharged from the hospital after 1 week of hospitalization. He was found to have a normal blood glucose level on discharge and was prescribed oral medication to control his diabetes.

The patient was followed up in the clinic and was found to have controlled blood glucose levels. He was advised to continue with his medication and to maintain a healthy lifestyle.

The patient was enrolled in a diabetes education program and was taught how to monitor his blood glucose levels. He was also advised to make dietary changes and to exercise regularly.

The patient was found to have a normal blood glucose level on follow-up visits and was discharged from the program.

The case demonstrates the importance of early intervention in the management of diabetes mellitus type 2. The patient was able to control his blood glucose levels and was discharged from the hospital with a plan for continued care and education.

The patient was advised to follow up with his primary care physician and to continue with his medication and lifestyle changes.

The patient was also advised to participate in a diabetes self-management program and to make dietary changes to control his blood glucose levels.

The patient was discharged from the hospital with a plan for continued care and education. He was advised to follow up with his primary care physician and to continue with his medication and lifestyle changes.

The patient was also advised to participate in a diabetes self-management program and to make dietary changes to control his blood glucose levels.

The patient was discharged from the hospital with a plan for continued care and education. He was advised to follow up with his primary care physician and to continue with his medication and lifestyle changes.

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