

# James S Krinsley

## List of Publications by Year in descending order

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Version: 2024-02-01

67  
papers

8,965  
citations

159525

30  
h-index

118793

62  
g-index

67  
all docs

67  
docs citations

67  
times ranked

3776  
citing authors

#	ARTICLE	IF	CITATIONS
1	Effect of an Intensive Glucose Management Protocol on the Mortality of Critically Ill Adult Patients. Mayo Clinic Proceedings, 2004, 79, 992-1000.	1.4	1,743
2	Glycemic variability: A strong independent predictor of mortality in critically ill patients*. Critical Care Medicine, 2008, 36, 3008-3013.	0.4	1,718
3	Association Between Hyperglycemia and Increased Hospital Mortality in a Heterogeneous Population of Critically Ill Patients. Mayo Clinic Proceedings, 2003, 78, 1471-1478.	1.4	1,101
4	Guidelines for the use of an insulin infusion for the management of hyperglycemia in critically ill patients. Critical Care Medicine, 2012, 40, 3251-3276.	0.4	939
5	Severe hypoglycemia in critically ill patients: Risk factors and outcomes*. Critical Care Medicine, 2007, 35, 2262-2267.	0.4	719
6	Diabetic status and the relation of the three domains of glycemic control to mortality in critically ill patients: an international multicenter cohort study. Critical Care, 2013, 17, R37.	2.5	269
7	The Drive to Survive. Chest, 2005, 128, 560-566.	0.4	185
8	Cost Analysis of Intensive Glycemic Control in Critically Ill Adult Patients. Chest, 2006, 129, 644-650.	0.4	172
9	Clinical review: Consensus recommendations on measurement of blood glucose and reporting glycemic control in critically ill adults. Critical Care, 2013, 17, 229.	2.5	169
10	Glycemic Variability and Mortality in Critically Ill Patients: The Impact of Diabetes. Journal of Diabetes Science and Technology, 2009, 3, 1292-1301.	1.3	157
11	Mild hypoglycemia is independently associated with increased mortality in the critically ill. Critical Care, 2011, 15, R173.	2.5	154
12	Time in blood glucose range 70 to 140 mg/dl >80% is strongly associated with increased survival in non-diabetic critically ill adults. Critical Care, 2015, 19, 179.	2.5	137
13	Glycemic Control, Diabetic Status, and Mortality in a Heterogeneous Population of Critically Ill Patients Before and During the Era of Intensive Glycemic Management: Six and One-Half Years Experience at a University-Affiliated Community Hospital. Seminars in Thoracic and Cardiovascular Surgery, 2006, 18, 317-325.	0.4	134
14	Continuous glucose monitoring in the ICU: clinical considerations and consensus. Critical Care, 2017, 21, 197.	2.5	96
15	Glycemic Control in Critically Ill Patients. Chest, 2007, 132, 1-2.	0.4	91
16	The impact of premorbid diabetic status on the relationship between the three domains of glycemic control and mortality in critically ill patients. Current Opinion in Clinical Nutrition and Metabolic Care, 2012, 15, 151-160.	1.3	84
17	Pre-morbid glycemic control modifies the interaction between acute hypoglycemia and mortality. Intensive Care Medicine, 2016, 42, 562-571.	3.9	78
18	Continuous glucose control in the ICU: report of a 2013 round table meeting. Critical Care, 2014, 18, 226.	2.5	68

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19	Glucose Control in the ICU. Journal of Diabetes Science and Technology, 2016, 10, 1372-1381.	1.3	64
20	Mild hypoglycemia is strongly associated with increased intensive care unit length of stay. Annals of Intensive Care, 2011, 1, 49.	2.2	60
21	Safety and Efficacy of Personalized Glycemic Control in Critically ill Patients: A 2-Year Before and After Interventional Trial. Endocrine Practice, 2017, 23, 318-330.	1.1	58
22	What is the optimal rate of failed extubation?. Critical Care, 2012, 16, 111.	2.5	55
23	Glucose Control, Diabetes Status, and Mortality in Critically Ill Patients. Mayo Clinic Proceedings, 2017, 92, 1019-1029.	1.4	51
24	Moving beyond tight glucose control to safe effective glucose control. Critical Care, 2008, 12, 149.	2.5	48
25	The Interaction of Acute and Chronic Glycemia on the Relationship of Hyperglycemia, Hypoglycemia, and Glucose Variability to Mortality in the Critically Ill*. Critical Care Medicine, 2020, 48, 1744-1751.	0.4	45
26	Improving glycemic control in critically ill patients: personalized care to mimic the endocrine pancreas. Critical Care, 2018, 22, 182.	2.5	42
27	Percentage of Time in Range 70 to 139Âmg/dL Is Associated With Reduced Mortality Among Critically Ill Patients Receiving IV Insulin Infusion. Chest, 2019, 156, 878-886.	0.4	42
28	Perioperative glucose control. Current Opinion in Anaesthesiology, 2006, 19, 111-116.	0.9	37
29	Glycemic control in the critically ill - 3 domains and diabetic status means one size does not fit all!. Critical Care, 2013, 17, 131.	2.5	32
30	The Impact of Measurement Frequency on the Domains of Glycemic Control in the Critically Ill-A Monte Carlo Simulation. Journal of Diabetes Science and Technology, 2015, 9, 237-245.	1.3	31
31	Glycemic variability in critical illness and the end of Chapter 1*. Critical Care Medicine, 2010, 38, 1206-1208.	0.4	30
32	The Diabetes Paradox: Diabetes is Not Independently Associated with Mortality in Critically Ill Patients. Hospital Practice (1995), 2012, 40, 31-35.	0.5	30
33	Pre-admission functional status impacts the performance of the APACHE IV model of mortality prediction in critically ill patients. Critical Care, 2017, 21, 110.	2.5	28
34	Is it time to abandon glucose control in critically ill adult patients?. Current Opinion in Critical Care, 2019, 25, 299-306.	1.6	25
35	Accuracy and limitations of continuous glucose monitoring using spectroscopy in critically ill patients. Annals of Intensive Care, 2014, 4, 8.	2.2	21
36	Hypoglycemia in the Critically Ill: How Low Is Too Low?. Mayo Clinic Proceedings, 2010, 85, 215-216.	1.4	19

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37	Intensive Glycemic Management in Critically Ill Patients. Joint Commission Journal on Quality and Patient Safety, 2005, 31, 308-312.	0.4	17
38	The severity of sepsis: yet another factor influencing glycemic control. Critical Care, 2008, 12, 194.	2.5	16
39	Understanding glycemic control in the critically ill: three domains are better than one. Intensive Care Medicine, 2011, 37, 382-384.	3.9	15
40	Relative Hypoglycemia and Lower Hemoglobin A1c-Adjusted Time in Band Are Strongly Associated With Increased Mortality in Critically Ill Patients. Critical Care Medicine, 2022, 50, e664-e673.	0.4	15
41	The goal of personalized glucose control in the critically ill remains elusive. Intensive Care Medicine, 2021, 47, 1319-1321.	3.9	14
42	Implementing An Intensive Glucose Management Initiative: Strategies for Success. Critical Care Nursing Clinics of North America, 2006, 18, 531-543.	0.4	13
43	Translating evidence into practice in managing inpatient hyperglycemia. Journal of Hospital Medicine, 2007, 2, 13-19.	0.7	13
44	Glucose Measurement of Intensive Care Unit Patient Plasma Samples Using a Fixed-Wavelength Mid-Infrared Spectroscopy System. Journal of Diabetes Science and Technology, 2012, 6, 294-301.	1.3	12
45	ICU VALIDATION OF THE OPTISCANNER, A CONTINUOUS GLUCOSE MONITORING DEVICE.. Critical Care Medicine, 2006, 34, A67.	0.4	12
46	Moving closer to untangling a sweet web: Hyperglycemia, diabetic status, and mortality in the critically ill*. Critical Care Medicine, 2010, 38, 295-296.	0.4	11
47	Sweet Spot: Glucose Control in the Intensive Care Unit. Seminars in Respiratory and Critical Care Medicine, 2016, 37, 057-067.	0.8	10
48	Tight glucose control and hypoglycemia. Critical Care Medicine, 2008, 36, 1391-1392.	0.4	9
49	Intensive insulin therapy to control hyperglycemia in the critically ill: a look back at the evidence shapes the challenges ahead. Critical Care, 2010, 14, 330.	2.5	9
50	Acute and Chronic Glucose Control in Critically Ill Patients With Diabetes: The Impact of Prior Insulin Treatment. Journal of Diabetes Science and Technology, 2022, 16, 1483-1495.	1.3	9
51	Should Guidelines for Glycemic Control of the Critically Ill Be Individualized?: Weighing the Evidence From Randomized and Observational Investigations. Hospital Practice (1995), 2014, 42, 14-21.	0.5	8
52	Is Glycemic Control of the Critically Ill Cost-Effective?. Hospital Practice (1995), 2014, 42, 53-58.	0.5	8
53	Is It Time to Rethink Blood Glucose Targets in Critically Ill Patients?. Chest, 2018, 154, 1004-1005.	0.4	8
54	Reducing Hypoglycemia in Critical Care Patients Using a Nurse-Driven Root Cause Analysis Process. Critical Care Nurse, 2019, 39, 29-38.	0.5	8

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55	Understanding Glycemic Control in the Critically Ill: 2011 Update. Hospital Practice (1995), 2011, 39, 47-55.	0.5	7
56	Blood glucose control in critically ill patients: The impact of diabetes. Critical Care Medicine, 2009, 37, 382.	0.4	4
57	Fifteen-minute Frequency of Glucose Measurements and the Use of Threshold Alarms: Impact on Mitigating Dysglycemia in Critically Ill Patients. Journal of Diabetes Science and Technology, 2021, 15, 279-286.	1.3	4
58	A simple intervention that saves lives and money*. Critical Care Medicine, 2006, 34, 896-897.	0.4	3
59	Severe hypoglycemia in critically ill: Risk and outcomes. Critical Care Medicine, 2008, 36, 1390-1391.	0.4	2
60	Not So Sweet Dreams*. Critical Care Medicine, 2021, 49, 707-709.	0.4	2
61	From "inconvenient truth" to "assault on reason". Critical Care Medicine, 2008, 36, 1387.	0.4	1
62	DETECT the Extremes That Usually Remain Undetected in Conventional Observational Studies. Clinical Chemistry, 2016, 62, 668-670.	1.5	1
63	LARYNGEAL MASK AIRWAY USE DURING BRONCHOSCOPIC FLEXIBLE CRYOPROBE USE. Chest, 2018, 154, 846A.	0.4	1
64	Treatment of Hyperglycemia in Patients With Acute Stroke. JAMA - Journal of the American Medical Association, 2019, 322, 2248.	3.8	1
65	Benefits of tight glycemic control still outweigh the harm of hypoglycemia. Critical Care Medicine, 2008, 36, 664.	0.4	0
66	REAL TIME CT SCAN READS FOR LUNG CANCER SCREENING: RESULTS OF A PILOT PROGRAM. Chest, 2019, 156, A356.	0.4	0
67	CLINICAL CHARACTERISTICS AND OUTCOMES OF PATIENTS WITH EXTUBATION TO WITHDRAW SUPPORT. Chest, 2021, 160, A1002.	0.4	0