

Information for authors

Critical Care and Resuscitation is the official journal of the College of Intensive Care Medicine of Australia and New Zealand. It is a research and educational journal for those interested in critical care and intensive care medicine and related subjects.

Manuscripts

All manuscripts to be submitted via the online submission system, which can be accessed here: <http://www.cicm.org.au/journal.php>

Manuscripts should be prepared largely in accordance with the *Uniform requirements for manuscripts submitted to biomedical journals* (*Ann Intern Med* 1997; 126: 36-47).

Articles are accepted with the understanding that they have not been, nor will be, published elsewhere. This does not refer to abstracts or oral communications presented in the proceedings of societies or symposia. The Editor reserves the right to alter and shorten material accepted for publication and to determine the priority and time of publication.

All articles should be submitted online at ccr.submissions.cicm.org.au, along with a covering letter and competing interests statement by the primary author on behalf of all authors, signed electronically. The last should declare any competing interests as described in the *British Medical Journal* 1998; 317: 291-2. Any substantially revised versions of the original manuscript should be approved by all authors, and signed to that effect by the primary author. A letter of permission from the copyright holder is required for the use of images from other publications.

Studies on human subjects must comply with the Helsinki Declaration of 1975, and those on animals must comply with National Health and Medical Research Council Guidelines. A statement affirming Ethics Committee (Institutional Review Board) approval should be included in the text. A copy of that approval should be available if requested.

Receipt of the article will be acknowledged, and two or more experts will review the manuscript. Authors are invited to suggest names (and email addresses) of two potential reviewers, and also any reviewers they would prefer did not see the manuscript. Authors will be advised of the outcome within 6 weeks of receipt of the manuscript.

Preparation of manuscripts

All articles must be written in English. Submit manuscripts electronically (maximum file size, 5 MB). Microsoft Word is the preferred word processing program. The document should be unformatted, and the text should be single-word and double-line spaced, with 2.5 cm margins on an A4 sized page.

On a single separate page there must be:

- title;
- each author's given name, middle initial, surname, and appointments;
- institution and department in which work was performed;
- up to five keywords chosen from the keyword list
- (see http://www.cicm.org.au/cms_files/Keywords%20Document.pdf); and
- name, email address and telephone and fax numbers of the author to whom correspondence and requests for reprints should be directed, plus an email address for another author or nominated person as a back-up. The proofs will be sent to the nominated author unless contrary instructions are given.

Abstracts

Articles should have an abstract of appropriate format and length as follows:

Original article or survey: Structured abstract (up to 250 words) with headings, Objective; Design; Setting; Participants; Interventions (if any); Main outcome measures; Results; and Conclusions.

Structured review or meta-analysis: Structured abstract (up to 250 words) with headings, Objective; Design; Data sources; Review methods; Results; and Conclusions.

Other review: Non-structured narrative or dotpoint abstract (up to 250 words).

Point of view: No abstract, or non-structured narrative or dotpoint abstract (up to 100–150 words), depending on article length.

Case report: Non-structured narrative abstract (up to 100 words) summarising case and reason it is notable.

Editorial, Pro-con debate, Letter, Book review, Obituary: No abstract.

Article formats

Original articles and surveys should be in IMRAD format (Introduction, Methods, Results and Discussion) (word limit, 2500 words).

Introduction (approximately 400 words) should cover why this topic is important (background); what is known and gaps in

INFORMATION FOR AUTHORS

knowledge (unanswered questions); how this study will fill the gap (question addressed or relevant to this study); and specific aim and hypothesis of this study.

Methods should be clear and reproducible, and include the start and end dates of the study; any equipment (including statistical software) should have manufacturer and city of manufacture in parentheses.

Results should be presented in the most meaningful way (text, table or figure). Results presented in tables and figures should not be repeated in the text (text should cite the table or figure and highlight only its most important features). Present results in the same order as the methods, and ensure all results have a method described.

Discussion should discuss only results already presented in the results section. It should include a statement of the principal findings; how the findings fit with previous knowledge and data, including any important differences in results; what new and relevant data the study provides; meaning and implications of the study, especially for clinicians and policymakers; strengths and weaknesses of the study; relevant unanswered questions and future research; and conclusion.

Case reports should have an introduction of less than 100 words followed by the case report and discussion. In general, they should not exceed 2500 words in length.

Style

Use abbreviations sparingly and define each at first mention. Give measurements in SI units (except blood pressure in mmHg; if blood gases are given in mmHg, then include kPa in parentheses). Supply reference ranges for measurements. Refer to drugs by their Australian approved generic, not proprietary, names.

References

Number references consecutively in the order in which they are first mentioned in the text. References in tables and figures should be numbered as if mentioned where the table or figure is first cited. Identify references in text, tables and legends by superscript Arabic numerals.

Use the form of references adopted by the United States National Library of Medicine. Abbreviate journal names as in *Index Medicus*. List all authors when four or fewer; when five or more, list only the first three and add et al. For example:

Journal article:

Yamamoto S, Tsutsui H, Tagawa H, et al. A. Role of myosite nitric oxide in β -adrenergic hyporesponsiveness in heart failure. *Circulation* 1997; 95: 1111-4.

Chapter in a book:

Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology and management. 2nd ed. New York: Raven Press, 1995: 465-78.

References to personal communications and unpublished observations should not be listed as references but should be noted in the text in parentheses: eg, "(personal communication)". Articles that have been accepted for publication but not yet published should be included in the references with the words "In press" included in place of volume and page numbers.

Tables

Present all tables in double-spaced type on separate pages. Do not submit tables as images. Information in tables should not be duplicated in the text. Number tables consecutively and supply a brief title for each. Give each column a short or abbreviated heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all non-standard abbreviations that are used in each table. Cite each table in the text in consecutive order.

Standard deviation (SD) is the accepted measure of variation in text and tables. Standard error of the mean (SEM) is acceptable in figures for the sake of graphical clarity, provided that the number of observations is clearly stated. Omit internal horizontal and vertical rules.

Figures and illustrations

Figures and illustrations should be submitted in electronic format. Two versions of each image are required:

1. A print-quality (high resolution) image. An acceptable image must be at least 3.5 inches (8.75 cm) across when printed at 300 dots per inch (dpi). Computer screen resolution only requires 72 dots per inch (dpi), which is not suitable for print. If the image is small to begin with, it cannot be turned into a high resolution image: it is not effective to "blow up" an image using image editing software to increase the size.

Images should be submitted in their original file format. Preferred image file formats are EPS, TIFF, Adobe Illustrator or Adobe Photoshop. JPEG images may be acceptable but should be saved at their maximum size, as JPEG compression reduces image quality. ZIP compression is acceptable. Microsoft Excel format is acceptable for graphs; it is important to provide the data table from which the graph was generated.

2. A lower-quality image that can be viewed with standard software is also required for review purposes. For example, a copy of the image may be embedded in the Word document at the relevant position, or provided in TIFF format.

Figures should be drawn professionally or in a computer graphics program; freehand or typewritten lettering is unacceptable. Letters, numbers and symbols should be clear throughout, and of sufficient size that when reduced for publication each item will still be legible. Titles and detailed explanations belong in the legends for illustrations, not on the illustrations themselves. Figures depicting two dimensions of data should be presented with simple vertical and horizontal axes. Framing, shading, icons and fanciful typefaces are unacceptable.

INFORMATION FOR AUTHORS

Cite each figure in the text in consecutive order. Arabic numerals should be used to number the figures. Include legends for illustrations on a separate page. When symbols, arrows, numbers or letters are used to identify parts of the illustration, identify and explain each one clearly in the legend.

Colour reproduction of figures is available, although the authors may be required to bear the cost.

Letters to the Editor

Letters to the Editor are welcomed and will be published if appropriate. They should be presented in single-word, double-line spaced type and generally be no more than two pages in length. All authors must sign, and an email address for publication must be given. The Editor reserves the right to style or shorten any letter. Major changes will be referred back to

authors for their concurrence. When letters refer to an earlier published paper, it must be one published within the previous 6 months. Its authors will be offered right of reply.

Proofreading

Contributors of original articles are provided with proofs and are asked to proofread them for typesetting errors and return them as soon as possible. Important corrections are allowed, but authors will be charged for extensive changes to text at this stage. Proofs are not provided for abstracts of scientific meetings or for letters to the Editor.

Reprints

Reprints can be ordered from the publisher.