Information for Authors

AACN Advanced Critical Care is an official publication of the American Association of Critical-Care Nurses. It is a quarterly, peer-reviewed series of informative volumes of particular interest to experienced critical care, acute care, and progressive care clinicians at the bedside, advanced practice nurses, and clinical and academic educators. Each issue contains a topic-based symposium of 4 to 5 articles and individual articles that focus on topics of current clinical and professional interest. Articles contain concisely written information that can be put to immediate use in practice and be readily available for future reference. Continuing education units are available for selected articles in each volume. Both solicited and unsolicited articles are accepted for publication.

Focus of Articles

Manuscripts focus on in-depth, state-of-the-science, and evidenced-based content of relevance to experienced clinicians and advanced practice nurses working in critical care, acute care, or progressive care areas. The goal is for each journal issue to include articles related to pathophysiology, pharmacology, advanced assessment, disease management, innovative approaches to care, and professional role topics. Manuscripts also include discussion of how to integrate the article's information into clinical practice. Where appropriate, manuscripts include discussion of differences and similarities for patients across the lifespan (neonate through geriatrics). Manuscripts are to be reference-based and reflect the most current and seminal references on the topic, including clinical research studies.

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Authors must prepare manuscripts according to the American Medical Association's Manual of Style (Iverson CI, Christianson S, Flanagin A, et al, eds. *AMA Manual of Style*. 10th ed. New York, NY: Oxford University Press; 2007).

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- Use a font size of 12 throughout the manuscript, including the title page, and table and figure legends
- Include page numbers, as well as a two or three word short title (running head) as a header and/or footer on each page
- Limit the manuscript length to less than 25 pages, excluding references, figures, and tables
- Do not use a reference program (eg, EndNote)

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Include the title of the manuscript and list name, credentials, position title, address, telephone number, fax number, and e-mail address of each author. Clearly identify the corresponding author. The title should be concise, specific and informative. Titles should emphasize the main point of the manuscript and be **no more than 80 characters**. Also, include a running head title (abbreviated title that appears in the header/footer of the published article).

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Include an abstract that summarizes the main points of the manuscript (limited to 150 words). List 3 to 5 keywords at the end of the abstract for indexing purposes. Keywords should follow MeSH headings. *Example:* Keywords: cardiac output, quality of life, coping skills

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- Do not use footnotes within the body of the manuscript. **Use the AMA reference style throughout the manuscript. This style includes the use of superscript and sequential numbers for references at the end of each**

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Recent guidelines on the prevention of VAP include the use of an endotracheal tube with an additional lumen for continuous aspiration of supraglottic secretions.[1,5-7]

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• Abbreviations are recommended for words that are used more than 3 times in the text. Spell out all abbreviations the first time they appear in the manuscript, followed by the abbreviation in parentheses. *Example:* ventilator-associated pneumonia (VAP)

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1. Hauptman PJ, Jimenez-Navarro M, Molero ET, et al. Left ventricular assist device. *N Engl J Med*. 2002;346:1023-1025.

2. Weiss M. *Biomedical Instrumentation*. Philadelphia, Pa: Chilton Book Company, 1973.

3. e-Health Ethics Initiative. e-Health Code of Ethics. *J Med Internet Res*. 2000;2(2):e9. http://www.jmir.org/2000/2/e9. Published May 24, 2000. Accessed April 29. 2004.

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Table 1: Criteria for risk assessment (Used with permission from Jones ML. Falls risk assessment. *J Nurs Qu*al. 2004;24:11)

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Acknowledgments: Special thanks to May Jones, PhD, for statistical consultation and data review and to John Cary for manuscript review.

Acknowledgment: Presented in part at American Association of Critical-Care Nurses National Teaching Institute, New Orleans, May 8, 2005.

Disclaimer: The views expressed herein are those of the authors and do not necessarily reflect the views of the US Air Force or the Department of Defense.

Financial Support: This study was funded by Zoll, Chelmsford, MA, and by a grant from the American Association of Critical-Care Nurses, Aliso Viejo, CA.

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