# AJCC
American Journal of Critical Care

# AUTHOR GUIDELINES

The editors of the *American Journal of Critical Care (AJCC)* invite authors to submit original manuscripts describing investigations, advances, or observations from all specialties related to the care of critically and acutely ill patients. Papers promoting collaborative practice and research are encouraged. Manuscripts will be considered on the understanding that they have not been published elsewhere and have been submitted solely to *AJCC*. (This restriction does not apply to abstracts.)

Manuscripts must be submitted via *AJCC's* online system for manuscript submission/review at www.editorialmanager.com/ajcc. Author fees are not charged for manuscripts submitted to *AJCC* or articles published in the journal. At the time of submission, complete contact information (postal address, email address, telephone and fax numbers) for the corresponding author is required. First and last names, email addresses, and institutional affiliations of all coauthors also are required. (Print copies of the journal will be sent only to those coauthors who provide their postal address.) Manuscripts must be submitted in Microsoft Word or a compatible format.

Please include a cover letter. All authors will be emailed a link to complete the *AJCC* Submission and Publication Agreement within the online submission system. All authors must complete the agreement in order for the paper to be published (if accepted). All financial disclosures—including disclosures of no financial conflicts—will be published.

Authors who desire OnlineNOW publication can make that choice during the online submission process. The full text of OnlineNOW articles appears exclusively on the journal's website at www.ajcconline.org, with only the abstract of the article appearing in the print edition of the journal. OnlineNOW articles may enjoy a faster turnaround time from acceptance to publication than do articles in print. OnlineNOW articles are peer reviewed, copyedited, formatted, indexed, and citable just like *AJCC*'s print offerings.

Quality improvement studies help maximize the integrity and safety of critical care. *AJCC* welcomes such articles. However, because of their subjective relationship to context and social processes, such articles are difficult to evaluate using traditional empirical standards. For this reason, *AJCC* asks that quality improvement studies adhere to the Standards for Quality Improvement Reporting Excellence (SQUIRE) guidelines. For more information about SQUIRE, please see http://www.squire-statement.org/guidelines.

For reporting randomized controlled trials, consult the CONSORT 2010 checklist for information to include (http://www.consort-statement.org/media/default/downloads/consort 2010 checklist.pdf).

The EQUATOR network provides reporting guidelines (https://www.equator-network.org/reporting-guidelines) for many different types of studies.

## Editorial Office Contact Information

*AJCC* Editorial Office, Attn: Peer Review Coordinator, email: ajcc.editorialoffice@aacn.org. For help submitting your manuscript online, you may visit www.editorialmanager.com/ajcc and click "Author Tutorial." For technical help or questions not addressed by the Author Tutorial document, email ajcc.editorialoffice@aacn.org.

*AJCC* cannot accept responsibility for lost manuscripts; please keep a copy for your files. We accept the following types of manuscripts:
• Research articles (1500-3000 words; preference is no more than 3 tables and 3 figures)
• Brief reports (750-1200 words; limit to 1 table and 1 figure)
• Letters (250-500 words)
*In general, by invitation only:*
• Review articles (1500-3000 words)
• Guest editorials (500-1000 words)
• Commentaries (500-1000 words)
*We no longer accept case reports.*

**Peer Review**—Submissions are subject to peer review. **To ensure a blinded review, do not include the author's name or institution in the running head or anywhere in the manuscript after the title page or in the file names of manuscript components (abstract, manuscript, figure/ table). This includes references in the first person to the author's own work. Manuscripts that do not meet this requirement will not be reviewed.** Two or more authorities will judge the validity, originality, and significance of the work presented. This process takes roughly 3 months, but delays are sometimes unavoidable. After the manuscript has been reviewed, the author will be informed whether the manuscript has been accepted, rejected, or requires revision before publication.

Accepted manuscripts become the property of the American Association of Critical-Care Nurses (AACN) and may not be published without the written permission of AACN. (Copyright AACN. All rights reserved.) Accepted manuscripts are subject to editing to conform to the *American Medical Association Manual of Style*, 11th edition (2020). Authors will be asked to review PDFs of galley proofs and page proofs before publication.

**Publication Ethics**— AACN journals closely follow recommendations from the most recent edition of the American Medical Association Manual of Style on authorship and contributorship, handling complaints and appeals, conflicts of interest and competing interest among contributors and editors, data sharing and reproducibility, ethical oversight, intellectual property, and options for postpublication discussion and correction. For more information on our policies, contact us at publications@aacn.org.

All manuscripts are scanned for plagiarism. If potential plagiarism (including self-plagiarism) is detected, authors will be contacted for clarification. If plagiarism is confirmed, editorial action may be taken. These actions may also be taken if other examples of scientific misconduct (eg, breaches of publication ethics) are discovered, either before or after publication. The actions taken by the editors may include (but are not limited to): publication of the breach in the journal, retraction of published articles, notification of institutional authorities, and loss of privileges of publishing in the journal in the future.

**Allegations of Misconduct**—AACN adheres to the ethical guidelines published by COPE, the Committee on Publication Ethics (https://publicationethics.org/resources/guidelines) and takes allegations of misconduct, such as plagiarism or falsification of data, with the utmost seriousness. If you believe content in this journal may have been falsified, please contact the editorial office:

American Association of Critical-Care Nurses (AACN)
27071 Aliso Creek Road
Aliso Viejo, CA 92656
Phone: (800) 394-5995, ext. 532, (949) 362-2000
Email: ajcc@aacn.org.

**Policy on Repositories**—AACN permits submission of published articles on third-party repositories on a case-by-case basis, but generally not until the article is at least 1 year old. To inquire, email us at publications@aacn.org.

**Compliance With National Institutes of Health Accessibility Requirements**—For those authors whose research was funded by the National Institutes of Health (NIH), the editors and publishers acknowledge that the authors retain the right to provide a copy of the final manuscript to the NIH upon acceptance for journal publication for archiving in the PubMed Central database as soon as possible, but no later than 12 months after publication by the journal. (For NIH reporting purposes, *AJCC* defines "acceptance" of a manuscript as occurring at the time the editors have approved the final page proof as accurate and ready for public release.) Please note, however, that submission of the manuscript to PubMed Central is the author's responsibility.

**Artificial Intelligence**—*AJCC* aligns with the positions of COPE (https://publicationethics.org/cope-position-statements/ai-author) and ICJME (International Committee of Medical Journal Editors; https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html#four) on the use of artificial intelligence (AI) in publication.

- Artificial intelligence tools cannot be listed as authors because they cannot take responsibility for the submitted work, one of the requirements for authorship.

- Authors must disclose the use of AI in the development of their submission (eg, body of manuscript, tables, figures).

- If authors use AI in the development of the manuscript, they must fact check and cite all information generated by AI.

**Manuscript Content**—Manuscript content should be laid out in accordance with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (http://www.icmje.org/recommendations). Each page should be numbered and each line in the body of the text should be numbered continuously.

**Title Page**—This is the first page, should occupy only 1 page, and should contain the following:
- **Title** (should be concise yet informative)
- **Running title** (usually 2 to 5 words)
- **The authors' full names in preferred publishing order, with degrees, credentials, ranks, and affiliations**
- **The name, address, email address, telephone (home and office) numbers, and fax number of the author to whom all correspondence and reprint requests should be sent**
- **The institution(s) at which the work was performed**
- **Key words consistent with CINAHL/MeSH headings (https://www.nlm.nih.gov/mesh/authors.html)**
- **Any acknowledgments (please do not put acknowledgments at the end of the manuscript)**
- **Grant or other financial support used in the study**

**Brief Report**—Short reports of original studies, evaluations, and pilot data should be submitted as brief reports of 750 to 1200 words (not including abstract, table, figure, references, and any online-only material). An abstract is required. A structured abstract is recommended, but an unstructured abstract will be accepted. Please include no more than 1 table and 1 figure.

**Abstract**—Abstract format varies as follows:
*Clinical and basic research studies*—These must have structured abstracts of no more than 250 words (https://www.nlm.nih.gov/bsd/policy/structured_abstracts.html). Abstracts must be written in the 3rd person. Abstracts for clinical studies should have the following subheadings: Background, Objectives, Methods, Results, Conclusions.
*Laboratory studies and new apparatuses and techniques*—These abstracts should have the following subheadings: Background, Methods, Results, Conclusions.
*Review articles and brief reports*—Abstracts need not be structured.

**Research Ethics**—When human experimentation is being reported, a statement must be included confirming that the work was done in accordance with the appropriate institutional review body and carried out with the ethical standards set forth in the Helsinki Declaration. When laboratory animals are used, provide a statement that the work was carried out according to the National Research Council's protocol for, or any national law on, the care and use of laboratory animals.

**Permissions**—If any material in the manuscript is from a previously copyrighted publication, the manuscript **must be accompanied by a letter of permission from the copyright holder**. However, **we prefer not to publish** figures that have been published elsewhere. If applicable, permission to use unpublished data and personal communications must be included.

**Patient Descriptions, Photographs, and Pedigrees**—Include a signed statement of informed consent to publish (in print and online) patient descriptions, photographs, and pedigrees from all persons (parents or legal guardians for minors) who can be identified in such written descriptions, photographs, or pedigrees. Such persons should be shown the manuscript before its submission.

**References**—These should start on a separate page following the text. They must be numbered consecutively by their order of appearance in the text. References cited in figures and tables must be numbered sequentially as if they are cited where the figure or title is first cited in the text. In the text, designate reference numbers either as superscripts or on the line in parentheses. *Do not use a word processor's footnote or endnote function.* Check all references for accuracy and completeness. Abbreviate journal titles as found in *Index Medicus.* If unsure of the correct abbreviation, cite the complete journal name. Do not use periods in abbreviations of journal titles. If the source lists more than 6 authors, list only the first 3, followed by "et al." Please follow the format and punctuation shown in the following examples:

Journal Articles
Last name and initials (no periods) of authors, title of article (capitalize only the first word, proper names, and abbreviations normally capitalized; no quotation marks), journal title (italicize and use *Index Medicus* abbreviations), year of publication, volume, inclusive page numbers.
*Example*:
Hopkins RO. Family satisfaction in the ICU: elusive goal or essential component of quality care. *Crit Care Med.* 2015;43(8):1783-1784.

Books
Last name and initials of authors; title of book (italicize and capitalize all significant words); edition number (if after first edition); last name and initials of editor if any; publisher; year of publication; page numbers (only if specifically cited).
*Example*:
Munhall PL. *Nursing Research: A Qualitative Perspective.* 5th ed. Jones & Bartlett Learning; 2012.

Book Chapters
Last name and initials of authors; title of chapter; "In:" followed by last name and initials of editors, "ed."; title of book, etc, as in the following example.
*Example*:
Rudolph KD, Flynn M. Depression in adolescents. In: Gottlib IH, Hammen CL, eds. *Handbook of Depression.* 3rd ed. Guilford Press; 2014:391-409.

Online References
Author(s), if given; title of the specific item cited (if none given, use name of organization responsible for site); name of website; published date; updated date; accessed date; full URL.
*Example*:
International Society for Infectious Diseases. ProMED-mail website. Accessed September 20, 2023. http://www.promedmail.org

**Drug Names**—Use complete generic names only. The trade name of a particular drug may be cited in parentheses the first time the generic name appears.

**Units of Measurement**—Physiological measurements should be reported in metric units (International System of Units, SI); conventional units may be placed in parentheses after the SI units. Use metric units or decimal multiples for length, height, weight, and volume. Show temperature in degrees Celsius, blood pressure in millimeters of mercury, and volume (liquid and gas) in milliliters, not cubic centimeters. Laboratory values may be reported in conventional units.

**Abbreviations and Symbols**—Avoid nonstandard abbreviations. Use the full term for an abbreviation or symbol on first mention, unless it is a standard unit of measure.

**Letters**—Letters to the editors commenting on articles published in the journal are welcome. The editors reserve the right to accept, reject, or excerpt letters without changing the views expressed by the writer. The author of an original article often is given the opportunity to respond to published comments. Letters should be submitted online via Editorial Manager, the *AJCC* online manuscript submission and review system, at www.editorialmanager.com/ajcc.

**Figures and Tables**—Accepted manuscripts must be submitted with artwork (figures and photographs) in a high-resolution format ($\geq 300$ dpi). Preferred file formats are TIFF and EPS (JPG and BMP are low resolution). Do not submit files downloaded from the Internet; these are low resolution and reproduce poorly. We cannot use artwork that is embedded in PowerPoint, Microsoft Word, or Excel files. Upload original tables and figures as separate files. For graphs, data points should be provided as a separate Microsoft Word text file. Photographs in which the patient could be recognized must be accompanied by a statement signed by the patient or patient's guardian granting permission to publish the photograph for educational purposes. If permission is not obtained, the photograph will be omitted or cropped to ensure that the patient's identity is not disclosed. Include a signed consent/release from the owner of a photo or from the artist if they are not the author.

**Figure Captions**—Figure captions should be typed double spaced in consecutive order on a new manuscript page.

**Tables**—Each table must be numbered (consecutively in the order mentioned in the text) and titled. Each column within a table should have a heading. Abbreviations must be explained in a footnote. Please do not place more than 1 table on a page.

# CHECKLIST FOR AUTHORS

Manuscripts must be submitted online via Editorial Manager, the *AJCC* online manuscript submission and review system, at www.editorialmanager.com/ajcc. Editorial Manager will combine your submission into a single PDF file for purposes of blinded peer review, but the manuscript you submit online should contain the following components:

❑ Cover letter (include name, home and work addresses, home and work telephone numbers, fax number, and email addresses of corresponding author)

❑ *AJCC* Submission and Publication Agreement signed by *each* author. Authors will be emailed a link to complete the form within the online submission system. (The form is also available online at https://aacnjournals.org/DocumentLibrary/AJCC%20Copyright%20transfer.pdf.)

❑ Title page (double-spaced) including the following:
  • Title of manuscript
  • Running head (shortened title)
  • Name, professional credentials, institutional or academic affiliation(s), city and state of all authors in the order intended for publication
  • Name, address, email address, and telephone (home and work) and fax numbers of author to whom correspondence should be addressed
  • Institution(s) at which the work was performed
  • Key words: 3 to 5 CINAHL/MeSH headings
  • Acknowledgments, disclaimers, sources of grants or other financial support (or claim of no conflict of interest)

❑ Abstract (double spaced, separate page)

❑ Text of manuscript (double-spaced; *do not* include authors' names or institutions in the running head or in the manuscript). Use page numbers and continuous line numbers.

❑ Summary of Key Points and/or bulleted list of practical bedside clinical applications of research findings (4 to 6 items with 2 to 3 sentences serving as introduction) for use on Clinical Pearls page (upload into the Editorial Manager system as a separate file; double-spaced on a single page). This is required only for research articles.

❑ References (double-spaced starting on new page within the same document file as the manuscript text; follow reference style described in guidelines)

❑ Tables (double-spaced, 1 per page; numbered consecutively; include title for each), figures, and captions. Upload the tables and figures as *separate* files. Do not embed tables and figures in the file with the manuscript text. Limit tables and figures to those needed for delivery of key information.

❑ Permissions to publish identifiable persons in photographs, names of people in Acknowledgments, copyrighted materials, and any material not belonging to the author.