Author Guidelines for Critical Care Nurse

**Critical Care Nurse** is an official publication of the American Association of Critical-Care Nurses (AACN). Authors are invited to submit manuscripts for consideration and peer review. Clinical topics must apply directly to the care of critically and acutely ill patients and/or progressive care, telemetry, and stepdown unit patients and their families, with case presentations and clinical tips especially welcome.

Manuscripts should be submitted online via the CCN online manuscript submission and review system at http://www.editorialmanager.com/ccn. 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. Manuscripts submitted through the online system should not be submitted by mail or email.

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.ccnonline.org, with only the key points of the article appearing in the print and digital editions of the journal. OnlineNOW articles enjoy a faster turnaround time from acceptance to publication than do full-text articles in print. OnlineNOW articles are peer reviewed, copyedited, formatted, indexed, and citable just like CCN’s print offerings.

**Critical Care Nurse** encourages submission of the following manuscript styles: quality improvement studies, case reports, and review articles. Please note that CCN is no longer accepting research manuscripts.

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

For medical case reports, authors should follow the CARE guidelines to organize and present content effectively. The CARE guidelines are available at http://www.care-statement.org/case-report-writing-template.html.

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**Peer Review**—All manuscripts 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. This includes references in the first person to the author’s own work. Manuscripts that do not meet this requirement will not be reviewed. In addition, do not reveal the author’s identity in the manuscript file name.

Please note, the peer review process often takes 3 or more months and delays due to a variety of reasons are sometimes unavoidable. After the manuscript has been reviewed, the author will be informed whether the manuscript has been accepted or rejected, or requires revision before publication. Virtually all initial submissions of a manuscript require revision and another round of peer review. To support less experienced authors, CCN may selectively offer opportunities for multiple rounds of revision to enable refinement and eventual publication of a worthwhile manuscript.

We will make every attempt to secure an adequate number of reviewers, but in the event we are unable to do so within the allotted time period, we will return the paper without review to avoid further delay to its submission elsewhere.

Accepted manuscripts become the property of AACN and may not be published without the written permission of AACN. Accepted manuscripts are subject to editing to conform to the American Medical Association Manual of Style, 10th edition (2007). Authors will be asked to review galley proofs and PDFs of page proofs before publication. CCN cannot accept responsibility for lost or mislaid materials; please keep a copy for your files.

**Cover Letter**—Please include a cover letter with the name, address, telephone numbers (home and work), fax number, and email address of the author to whom all correspondence should be addressed.
After the manuscript is submitted online, the corresponding author will receive a manuscript number. Each author should complete an Authorship, Financial Disclosure, Copyright Transfer, and Acknowledgment Form and submit the completed form (including address) by email as a PDF attachment. Be sure to fill in the manuscript number and the title of your manuscript in the space provided on the form. All financial disclosures, including disclosures of no financial conflicts, will be published.

Manuscript Content
Title Page—The title page of a manuscript should contain the following:
- Title, which should be concise yet informative
- Authors’ full names, with degrees, credentials, ranks, affiliations, and work and home addresses of all authors
- Brief (1 to 2 sentences) biography of each author
- Funding and financial disclosure
- Acknowledgments or any other statements that identify people or places related to the manuscript
- Three to 5 key words for indexing

Abstract—Abstracts must be written in the third person. Structured abstracts are preferred and should include no more than 250 words. For Quality Improvement Reports, follow SQUIRE 2.0 Guidelines; for Case Reports, follow CARE Guidelines. Format abstracts according to the relevant manuscript category, as listed below:

Quality Improvement Reports
- Background and relevance to critical care nurses
- Local problem and purpose/objectives of project
- Methods (sample, procedures, analysis)
- Interventions
- Results (with statistical significance)
- Conclusions

Case Reports
- Introduction: What was unique about this case? What is your purpose for reporting this case? What does it add to the literature?
- Clinical findings: Patient’s main symptoms and relevant findings
- Diagnosis, main therapeutic interventions and outcomes
- Conclusion: What were the main take-away lessons from this case?

Review Papers
- Topic
- Clinical relevance (in general, to readers)
- Purpose of paper
- Content covered

Articles—Feature articles are papers devoted to the main-stays of clinical practice and of interest to nearly all readers. Articles should generally not exceed 3000 words, excluding abstract, references, tables, and figures.

Columns are shorter papers devoted to clinical subspecialty areas (eg, pediatrics, neonatal, transplantation) or functional areas (eg, ethics, legal, staff development). Articles should have a maximum length of 2000 words (excluding abstract, references, tables, and figures).

Use of such visual elements as tables and figures (as well as sidebars and bibliography) to convey additional information is strongly encouraged in both features and columns; these elements should augment, not duplicate, information in the text.

- Submit the paper without any information that may identify the author(s).
- Add continuous line numbering, a function in Microsoft Word, to the paper: Format/Document/Layout/Line Numbers. In the Line Numbers dialogue box, select both Add Line Numbering and Continuous. Although not visible in Normal view, line numbering can be seen in Print Preview or Print Layout.

References—References should be double-spaced and should be located after the last page of text and before any Tables and Figures. Number them consecutively by their order of appearance in the text and designate reference numbers as superscripts in the text. References in tables and figures are numbered sequentially as if they are cited where the table or figure is first cited in the text. Do not use a word processing footnote function. If a source lists more than 6 authors, list only the first 3, followed by “et al.” Follow the American Medical Association Manual of Style, 10th edition, for format and punctuation, shown below.

Journals: 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, issue, inclusive page numbers. Example: 1. Pun BT, Gordon SM, Peterson JF, et al. Large-scale implementation of sedation and delirium monitoring in the intensive care unit: a report from two medical centers. Crit Care Med. 2005;33(6):1199-1205.

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; city and state of publication; publisher; year of publication; page numbers (only if specifically cited). Example: 2. Munnhall PL, Boyd CO. Nursing Research: A Qualitative Perspective. 2nd ed. New York, NY: National League for Nursing; 1998.

**Online References:** Author(s); title of the specific item cited (if none is given, use the name of the organization responsible for the site); name of the website; full URL; published (date); date the website was accessed. Example: International Society for Infectious Diseases. ProMED-mail website. http://www.promedmail.org. Accessed April 29, 2006.

**Tables**—Submit each table as a separate Word file. 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.

**Figures**—Submit scanned black-and-white or color images at a resolution of at least 300 dpi. Do not send files downloaded from the Internet, as these are low-resolution and will reproduce poorly in print. The preferred file formats are TIFF and EPS. Do not submit any art in Microsoft applications; for printing purposes, the original art that was placed into these applications is required.

Include signed consent/release from owner of photo or artist if different from author. Include signed consent/release forms from all identifiable individuals. If permission from subjects is not obtained, photographs will be cropped appropriately. For figures such as graphs, data points should be provided in a separate text file. Figure legends should be typed double-spaced in consecutive order on a new manuscript page. Contact the editorial office for further information (800-394-5995, ext 241, ccn.editorialoffice@aacn.org).

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**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.

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

**In Our Unit**—Articles submitted to the In Our Unit department should be emailed to the managing editor at rebecka.wulf@aacn.org. These articles are subject to an in-house review process.

**Manuscript Preparation**—All material must be double-spaced with margins of at least 1 inch on all sides. Number all pages sequentially, including the summary of key points, references, tables, and figures.

**Checklist for Authors**

Manuscripts should be submitted online via the CCN online manuscript submission and review system at http://www.editorialmanager.com/ccn. Editorial Manager will combine your submission into a single PDF file for purposes of review. Your online manuscript submission should contain the following components:

- Cover letter (include name, home and work addresses, home and work telephone numbers, fax number, and email address of corresponding author)
- Authorship, Financial Disclosure, Copyright Transfer, and Acknowledgment Form—each author signs a separate form
- Title page (include title of manuscript; name(s), professional credential(s), affiliation(s), addresses of all authors

**Units of Measurement**—Physiologic 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 and those included in The Commission’s “Do Not Use” list of abbreviations (available at http://www.jointcommission.org/PatientSafety/DoNotUseList). Use the full term for an abbreviation or symbol on first reference, unless it is a standard unit of measure.

**Letters**—Letters to the editor raising points of current interest or commenting on articles published in the journal are welcome. The editor reserves 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 sent via email (ccn@aacn.org). Electronic letters (eLetters) can be sent to the editor by clicking “Respond to This Article” on either the full-text or PDF view of each article on the CCN website, www.ccnonline.org.
in the order intended for publication; brief [1 to 2 sentences] biography of each author; funding and financial disclosure; acknowledgments; and 3 to 5 key words for indexing)

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❑ Abstract (include as numbered page; double-spaced on separate page)
❑ References (include as numbered pages; double-spaced on separate page; follow reference style described in these guidelines)
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