TABLE OF CONTENTS

- Description p.1
- Impact Factor p.1
- Abstracting and Indexing p.1
- Editorial Board p.1
- Guide for Authors p.3

DESCRIPTION

*Australian Critical Care* is the official journal of the Australian College of Critical Care Nurses (ACCCN). It is a bi-monthly peer-reviewed journal, providing clinically relevant research, reviews and articles of interest to the critical care community. *Australian Critical Care* publishes peer-reviewed scholarly papers that report research findings, research-based reviews, discussion papers and commentaries which are of interest to an international readership of critical care practitioners, educators, administrators and researchers. Interprofessional articles are welcomed.

IMPACT FACTOR

2018: 2.515 © Clarivate Analytics Journal Citation Reports 2019

ABSTRACTING AND INDEXING

PubMed/Medline

EDITORIAL BOARD

*Editor-in-Chief*

Andrea Marshall, Griffith University School of Nursing and Midwifery - Logan Campus, Australia

*Editors*

Thomas Buckley, The University of Sydney, Sydney Nursing School, New South Wales, Australia
Rosalind Elliott, University of Technology Sydney Faculty of Health, Australia
Fenella Gill, Curtin University School of Nursing and Midwifery, Western Australia, Australia
Emma Ridley, Monash University Department of Epidemiology and Preventive Medicine, Victoria, Australia
Elizabeth Scruth, Kaiser Foundation Health Plan Inc, California, United States

*Editorial Board*

Leanne Aitken, City, University of London, School of Health Sciences, London, United Kingdom
Stijn Blot, Ghent University, Department of Internal Medicine, Faculty of Medicine & Health Science, Belgium
Maureen Coombs, University of Plymouth School of Nursing and Midwifery, United Kingdom
Judy Currey, Deakin University School of Nursing and Midwifery, Victoria, Australia
Hugh Davies, Edith Cowan University, Australia
Carol Grech, University of South Australia School of Nursing and Midwifery, South Australia, Australia
Janice Gay Gullick, The University of Sydney Faculty of Nursing Library, New South Wales, Australia
Kimberley Haines, Western Health, Victoria, Australia
Naomi Hammond, University of New South Wales, New South Wales, Australia
Ian Hughes, Gold Coast Hospital and Health Service, Australia
Gavin Leslie, Curtin University School of Nursing and Midwifery, Western Australia, Australia
Frances Lin, Griffith University School of Nursing and Midwifery, Australia
Berit Lindahl, University College of Boras Faculty of Caring Science Work Life and Social Welfare, Sweden
Deborah A. Long, Queensland Health Centre for Children's Health Research, Queensland, Australia
Elizabeth Manias, Deakin University School of Nursing and Midwifery, Victoria, Australia
Debbie Massey, Southern Cross University, New South Wales, Australia
Marion Mitchell, Griffith University School of Nursing and Midwifery - Nathan Campus, Queensland, Australia
Elizabeth Papathanassoglou, University of Alberta Faculty of Nursing, Alberta, Canada
Rachael Parke, The University of Auckland School of Nursing, New Zealand
Anne-Sylvie Ramelet, University of Lausanne Faculty of Biology and Medicine, Switzerland
Kristen Ranse, Griffith University, Queensland, Australia
Kaye Denise Rolls, South West Sydney Centre for Applied Nursing Research, New South Wales, Australia
Andrew Udy, Monash University Department of Epidemiology and Preventive Medicine, Victoria, Australia
INTRODUCTION

Australian Critical Care is the official journal of the Australian College of Critical Care Nurses and publishes peer-reviewed scholarly papers that report research findings, research-based reviews, discussion papers and commentaries which are of interest to an international readership of critical care practitioners, educators, administrators and researchers.

Papers should address issues of interest to critical care clinicians and present the paper in the context of the existing international research base on the topic. Selection of papers for publication is based on their scientific excellence, distinctive contribution to knowledge (including methodological development) and their importance to contemporary critical care practice.

The journal does not accept manuscripts containing animal experimentation.

Submission checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:
• E-mail address
• Full postal address

All necessary files have been uploaded:
Manuscript:
• Include the title
• Include the abstract
• Include the keywords
• Include the references
• All figures (include relevant captions)
• All tables (including titles, description)
• Ensure all figure and table citations in the text match the files provided

Supplemental files (where applicable)

Further considerations
• Manuscript has been 'spell checked' and 'grammar checked'
• All references mentioned in the Reference List are cited in the text, and vice versa
• Permission has been obtained for use of copyrighted material from other sources (including the Internet)
• A competing interests statement is provided, even if the authors have no competing interests to declare
• Journal policies detailed in this guide have been reviewed

For further information, visit our Support Center.

BEFORE YOU BEGIN

Australian Critical Care is a member of the Committee on Publication Ethics (http://publicationethics.org) and abides by its Code of Conduct and Best Practice Guidelines for Editors, Ethical Guidelines for Peer Reviewers, and Cooperation between research institutions and journals on research integrity cases: guidance from the Committee on Publication Ethics (COPE). It is expected that all authors will abide by the Principles of Transparency and Best Practice in Scholarly Publishing.

Submitted material will be handled in confidence except for the purposes of review and in order to investigate possible misconduct, including but not limited to concurrent submissions to multiple journals, high percentage of text matching and concerns around research validity, conduct and reporting.
Submitted papers should be relevant to critical care practice. As Australian Critical Care has a global readership, authors should place their paper within the international context. Details of national practices, policies, law, etc. should be provided in the paper to provide information for all readers. If possible, authors should consult a recent issue of the journal to assess style and presentation of manuscripts published. The journal is widely distributed internationally, and for many readers English is a second language, therefore authors are requested to write in plain English and use terminology which is internationally acceptable. While Australian Critical Care accepts manuscripts from a range of health professionals, it is important to recognise that nurses are the primary readers of this journal.

**CONSIDERATIONS SPECIFIC TO TYPES OF RESEARCH DESIGNS**

The editors require that manuscripts adhere to recognised reporting guidelines relevant to the research design used. These identify matters that should be addressed in your paper. These are not quality assessment frameworks and your study need not meet all the criteria implied in the reporting guideline to be worthy of publication in the journal. The checklists do identify essential matters that should be considered and reported. For example, a controlled trial may or may not be blinded but it is important that the paper identifies whether or not participants, clinicians and outcome assessors were aware of treatment assignments.

You are required to submit a checklist from the appropriate reporting guideline together with your paper as a guide to the editors and reviewers of your paper. Authors are required to consult the EQUATOR Network website for updated and new reporting guidelines (see [http://www.equator-network.org/](http://www.equator-network.org/)). The relevant reporting guideline must be uploaded with the submitted manuscript.

**Common reporting guidelines are listed below:**

- **Observational cohort, case-control and cross-sectional studies** - STROBE - [Strengthening the Reporting of Observational Studies in Epidemiology](http://www.equator-network.org/reporting-guidelines/strobe/)


- **Randomised (and quasi-randomised) controlled trial** - CONSORT - [Consolidated Standards of Reporting Trials](http://www.equator-network.org/reporting-guidelines/consort/)

- **Study of Diagnostic accuracy/assessment scale** - STARD - [Standards for the Reporting of Diagnostic Accuracy Studies](http://www.equator-network.org/reporting-guidelines/stard/)

- **Systematic Review of Controlled Trials** - PRISMA - [Preferred Reporting Items for Systematic Reviews and Meta-Analyses](http://www.equator-network.org/reporting-guidelines/prisma/)

- **Systematic Review of Observational Studies** - MOOSE - [Meta-analysis of Observational Studies in Epidemiology](http://www.equator-network.org/reporting-guidelines/moose/)

- **Standards for reporting quality improvement in health care** - SQUIRE - [Standards for Quality Improvement Reporting Excellence](http://www.equator-network.org/reporting-guidelines/squire/)

- **Basic statistical reporting for articles published in biomedical journals** - SAMPL - [Statistical Analyses and Methods in the Published Literature](http://www.equator-network.org/reporting-guidelines/sampl)

- **Reporting Case Studies** - CARE - [CAse REports](http://www.equator-network.org/reporting-guidelines/care/)

- **Qualitative studies** - SRQR - [Standards for reporting qualitative research](http://www.equator-network.org/reporting-guidelines/srqr/)

- **Synthesis of Qualitative Research** - ENTREQ - [Enhancing transparency in reporting the synthesis of qualitative research](http://www.equator-network.org/reporting-guidelines/entreq)


Intervention description and replication - TIDiER [http://www.equator-network.org/reporting-guidelines/tidier/]

Standards for Reporting Implementation Studies (StaRI) Statement [https://www.bmj.com/content/356/bmj.i6795]

Types of article

*Australian Critical Care* publishes original research, reviews, case studies and discussion papers. In addition we publish letters, editorials and commentaries on existing content with the journal. Where a case is made we will also publish study protocols.

**Word limits** - Our experience suggests that all things being equal, readers find shorter papers more useful than longer ones. Given this, and competition for space in the Journal, papers of between 2,000 and 3,500 words are preferred. Word limits are exclusive of figures, table and references. Additional information to enhance the manuscript, such as copies of developed tools or additional data, can be made available as supplementary files.

**Exceptions** - Authors of any manuscripts that do not comply with these restrictions should make preliminary enquiry to the Editor-in-Chief before submitting the manuscript.

**Editorials** - 1,000–1,500 words

Authors who have ideas for editorials which address issues of substantive concern to the discipline, particularly those of a controversial nature or linked directly to forthcoming content in the journal, should contact the Editor-in-Chief (editor.acc@acccn.com.au).

**Research Papers** - 2,000-3,500 words

Full papers reporting original research can be a maximum of 3,500 words in length, although shorter papers are preferred. In some instances, qualitative papers may be up to 5,000 words in length, where appropriate. Research papers should adhere to recognised standards for reporting (see above guidance and Author Checklist).

All research papers reporting the development of scales must include a copy of the full scale so it can be published as supplementary online material; *Australian Critical Care* does not accept scale development papers which are not accompanied by a copy of the full scale.

For papers reporting the testing of existing scales, the reference of the original paper reporting the scale should be cited. When the original scale has not previously been published, and where possible, authors are encouraged to obtain written permission from the copyright owner of the scale to reproduce it, and ensure that it is credited appropriately. If original developers of the scale want to retain copyright they can mark it as reproduced with their permission.

If the scale is in a language other than English, then it must be accompanied by an English translation. If the newly developed scale is a translation of an existing scale then *Australian Critical Care* requires author(s) to submit written permission from the copyright owner of the original scale to publish the translated version with full credit given also to the original scale (an English translation is also required). Established processes for quality of translation should be adhered to, including the use of back translation.

**Reviews** - 3,000-6,000 words

*Australian Critical Care* accepts quantitative, qualitative and integrative reviews for publication. Preference is given to reviews which have previously been registered on the PROSPERO, the International Prospective Register of Systematic Reviews (https://www.crd.york.ac.uk/prospero/). Authors are encouraged to clearly report the process by which literature was selected for inclusion in the review. Relevant reporting guidelines (eg PRISMA, ENTREQ) should be adhered to.
• **Reviews**, including:
  - systematic reviews, which address focused practice questions;
  - literature reviews, which provide a thorough analysis of the literature on a broad topic;
  - policy reviews, i.e. reviews of published literature and policy documents which inform critical care-practice, the organisation of critical care services, or the education and preparation of critical care clinicians will be considered.

• **Discussion papers and Commentaries 2,000-2,500 words** Discussion papers and commentaries are welcome, particularly where the subject of discussion is topical. Such papers are designed to stimulate academic debate and discussion the Editor invites readers to submit commentaries.

**Case Reports** - up to 2,500 words
Case reports are valuable to the journal, but due to their nature, patients featured in the reports may be highly identifiable. The journal requires that proper consent for publication has been obtained and that the individual(s) being reported on, or their proxy, is aware of the possible consequences of that reporting, including the possibility that the individual(s) could be identified.

Patient Consent Form - Authors are required to attest that a Patient Consent Form from their institutions or licensing board has been signed by the patient or a proxy. Patient Consent Forms must comply at the very least with Elsevier's policy around requirement for consent (See: https://www.elsevier.com/about/policies/patient-consent). For privacy and confidentiality reasons, the Patient Consent Form(s) must not be uploaded with the manuscript. Authors should attest that the original of the signed form(s) is held by the treating institution, or the author-team, and can be made available to the editors upon request.

In some cases, your Institution may require you to obtain organisational approval prior to submitting your manuscript. Please seek clarification from the organisations Research Office, Director of Research or other organisational lead before submission. It is the author(s) responsibility to adhere to institution specific requirements. If, after publication, the Journal is made aware that institutional approval was required but not sought, this may result in the paper being retracted.

**Research Critiques** - up to 1,500 words + 15 references
Critiques of research published in other peer reviewed journals may be included in each issue of *Australian Critical Care*. Authors wanting to contribute to this feature should contact a member of the editorial team edition.accc@acccn.com.au prior to undertaking work on submission. The research selected for critique should be of interest to the Australian and international critical care community, be referenced in an established database (for example, CINAHL, MEDLINE, or EMBASE) and have been previously published in English.

The title of the research review should be different from the title of the paper being reviewed. There is a strong preference for a declarative title to be used, for example *Early enteral feeding reduces septic complications in critically ill trauma patients*.

The paper should be formatted in two sections. The upper section should provide a summary of the published article and should be no more than 500 words in length. In the summary of the published article please provide detail on the objective, design and setting for the study. The research process used, including any interventions and outcomes measured, a brief summary of results and conclusion reached by the authors should also be presented. Participant details should also be provided. Reproduction of the article abstract is not permitted.

The second section of the submission, which is the critique of the article, should include the relevance of the article to Australian critical care practice, a critique of the methodological quality of the study, ethical considerations, and any limitations of the study. If the conclusions of this study are not congruent with other published work, this should be acknowledged. An assessment of the overall value of the article as a contribution to the literature and its usefulness to critical care practice should be included.

**Letters** - 300-400 words
300-400 words Letters to the Editor (about 300 words and 5 references) specific to papers published in the Journal are welcome. Letters to the editor should be submitted through the online submission process.
Commentaries - 1500 words + 15 references
Contributions that are of general interest, stimulating and meet the standards of scholarship associated with the Journal may be selected for publication in a commentary section or as a standalone contribution. Contributions should be submitted online in the usual way.

Study protocols - up to 2,000 words
Authors should make a case to the Editor-in-Chief for publication of the protocol. Study protocols that include an intervention are required to be registered should include the trial registration number and when the findings are due to be reported.

Human rights
The journal does not accept manuscripts containing animal experimentation.

If the work involves human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans and adheres to the uniform Requirements for manuscripts submitted to Biomedical journals. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All studies must be conducted to the highest ethical standard in accordance with local regulations and standards for gaining ethical approval/clearance.

The approving body and (if relevant) approval number should be provided within the paper. Evidence of ethical approval, or waiver thereof, must be provided at the time of manuscript submission. To provide this evidence, authors are required to upload a letter of ethical approval (or waiver) from the granting institution. Any waiver of ethical approval must be independently determined. Authors are not permitted to make this determination. If national guidelines provide information on waiver of ethical approval, this information must be provided to the Editor-in-Chief at the point of submission.

For information on Ethics in Publishing and Ethical guidelines for journal publication see https://www.elsevier.com/authorethics and https://www.elsevier.com/ethicalguidelines.

Declaration of interest
All authors must disclose any financial and personal relationships with other people or organisations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement should be included in the title page file. If there are no interests to declare then please state this: 'Declarations of interest: none'. This summary statement will be ultimately published if the article is accepted. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. More information.

Additional information about how Australian Critical Care handles competing interests of editors, reviewers and editorial board members can be found here (https://www.australiancriticalcare.com/content/aucc-policies-and-procedures)

Other/multiple and parallel publications
The Journal seeks to publish original papers that make a substantial innovative contribution. Generally, the ample word limits provided by Australian Critical Care permit authors to publish all aspects of a study within a single paper. We do recognise that larger studies are often complex and lend themselves to more than one publication. In order to aid editorial decisions about distinctiveness and to avoid inadvertent duplication please upload copies of all previous, current and under review publications from this study.

All published and in press accounts of a study from which data is referred to in a manuscript, and any relationship between information presented and other publications from the same study, must be made clear. This includes any version of the manuscript which may be previously published on a pre-print server (for example, MedRxiv). It is not sufficient to simply cite a prior publication - the
text must state that results are from the same study. Citation of publications 'in press' is acceptable, provided that full details are given, including the DOI if available. Citations in manuscripts under review must be blinded to preserve the peer-review process. Please mark such citations as "Blinded for peer review". On acceptance the full details of the reference must be included.

If other publications are under review or in preparation this should be mentioned in your letter to the editor and you should give an undertaking that you will take all possible steps to ensure subsequent publications contain a reference to your publication in *Australian Critical Care* if you are successful. The study should be referred to by a distinctive name which will be used in any future publications to identify that it is the same study.

**Preprints**

Preprints can be shared anywhere at any time, in line with Elsevier's sharing policy. Sharing your preprints e.g. on a preprint server will not count as prior publication (see 'Multiple, redundant or concurrent publication' for more information). Information regarding the preprint, including the doi must be included during submission.

**Submission declaration and verification**

Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see 'Multiple, redundant or concurrent publication' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service Crossref Similarity Check.

**Use of inclusive language**

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

**Author contributions**

In the *Title Page*, please specify the contributions made by each author of the manuscript. This information will be included at the end of the published paper. All authors must adhere to the authorship criteria specified below.

Those who meet some but not all of the criteria for authors can be identified as 'contributors' at the end of the manuscript with their contribution specified. All those individuals who provided help during the research (e.g. collecting data, providing language help, writing assistance or proofreading the article, etc.) that do not meet criteria for authorship should be acknowledged in the paper.

For transparency, we encourage authors to submit an author statement file outlining their individual contributions to the paper using the relevant CRediT roles: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Roles/Writing - original draft; Writing - review & editing. Authorship statements should be formatted with the names of authors first and CRediT role(s) following. More details and an example

**Authorship**

All authors should have made substantial contributions to all of the following: (1) the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work, AND (2) drafting the article or revising it critically for important intellectual content, AND (3) final approval of the version to be submitted, AND (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
We ask that roles for each and every author be individually described, with reference to the criteria for authorship. Any acknowledgements should be listed additionally, as described above.

**Author Agreement Statement** - You must make a true statement that all authors have approved the final article, agree to be accountable for all aspects of the work and acknowledge that all those entitled to authorship are listed as authors. Sample text of an Author Agreement Statement can be downloaded here.

**Changes to authorship**
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

**Clinical trial results**
In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors’ meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

**Reporting clinical trials**
Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available online.

**Registration of clinical trials**
We encourage the prospective registration of studies. Where a study has been registered please provide this number (e.g. ISRCTN) on the Title Page and when answering the appropriate question in the manuscript submission process. Text indicating Trial Registration can be included in the manuscript to be peer reviewed but with the Trial Registration Number written as XXXX in order to ensure peer reviewers are blinded. Should your manuscript be accepted for publication, the Trial Registration Number should be inserted in the Methods section of your manuscript during the author-proofing stage.

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors (ICMJE, http://www.icmje.org) recommendations. Trials must register at or before the onset of patient enrolment. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

**Copyright**
Upon acceptance of an article, authors will be asked to complete a ‘Journal Publishing Agreement’ (for more information on this and copyright see https://www.elsevier.com/copyright). This enables the Publisher to administer Copyright on behalf of the Authors and the Society, whilst allowing the
continued use of the material by the Author for Scholarly communication. An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations (please consult https://www.elsevier.com/permissions). If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has pre-printed forms for use by authors in these cases: please consult https://www.elsevier.com/permissions.

This journal offers authors a choice in publishing their research: Open access and Subscription.

Retained author rights
As an author you (or your employer or institution) retain certain rights. For more information on author rights for: Subscription articles please see https://www.elsevier.com/journal-authors/author-rights-and-responsibilities.Open access articles please see https://www.elsevier.com/OAauthoragreement.

You may also do the following:
• make copies (print or electronic) of the article for your own personal use, including for your own classroom teaching use
• make copies and distribute such copies (including through e-mail) of the article to research colleagues, for the personal use by such colleagues (but not commercially or systematically, e.g., via an e-mail list or list server)
• post a pre-print version of the article on Internet websites including electronic pre-print servers, and to retain indefinitely such version on such servers or sites
• post a revised personal version of the final text of the article (to reflect changes made in the peer review and editing process) on your personal or institutional website or server, with a link to the journal homepage http://www.australiancriticalcare.com
• present the article at a meeting or conference and to distribute copies of the article to the delegates attending such a meeting
• for your employer, if the article is a 'work for hire', made within the scope of your employment, your employer may use all or part of the information in the article for other intra-company use (e.g., training)
• retain patent and trademark rights and rights to any processes or procedure described in the article
• include the article in full or in part in a thesis or dissertation (provided that this is not to be published commercially)
• use the article or any part thereof in a printed compilation of your works, such as collected writings or lecture notes (subsequent to publication of your article in the journal)
• prepare other derivative works, to extend the article into book-length form, or to otherwise re-use portions or excerpts in other works, with full acknowledgement of its original publication in the journal.

Elsevier supports responsible sharing
Find out how you can share your research published in Elsevier journals.

Role of the funding source
You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

Please see https://www.elsevier.com/funding

Open access
Please visit our Open Access page for more information.

The open access publication fee for this journal is USD 1700, excluding taxes. There is a 20% discount off the open access publication fee for members of the Australian College of Critical Care Nurses (the College). The College member price is USD 1360, excluding taxes. Learn more about Elsevier’s pricing policy: https://www.elsevier.com/openaccesspricing.
**Elsevier Researcher Academy**

Researcher Academy is a free e-learning platform designed to support early and mid-career researchers throughout their research journey. The "Learn" environment at Researcher Academy offers several interactive modules, webinars, downloadable guides and resources to guide you through the process of writing for research and going through peer review. Feel free to use these free resources to improve your submission and navigate the publication process with ease.

**Language (usage and editing services)**

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's Author Services.

**Submission**

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

*Submit your article*

Please submit your article via [https://www.evise.com/profile/api/navigate/AUCC](https://www.evise.com/profile/api/navigate/AUCC).

**Review process**

This journal operates a double blind review process. No identifying information should be included in the manuscript. This includes citations to authors' previous publications, details of Clinical Trials or Review Register Numbers, author initials to indicate contribution to the work. On acceptance this information must be included at the copy editing stage.

All contributions will be initially assessed by the Editor-in-Chief for suitability for the journal. Papers deemed suitable are then sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. Letters to the Editor, Editorials and Research Reviews will have one peer review conducted by a member of the Editorial Committee. The Editor-in-Chief is responsible for the final decision regarding acceptance or rejection of articles. The Editor-in-Chief's decision is final.

Papers which do not meet basic standards or are unlikely to be published irrespective of a positive peer review, for example because their novel contribution is insufficient or the relevance to the discipline is unclear, may be rejected at this point in order to avoid delays to authors who may wish to seek publication elsewhere.

Occasionally a paper will be returned to the author with requests for revisions in order to assist the editors in deciding whether or not to send it out for review. Authors can expect a decision from this stage of the review process within 2-3 weeks of submission.

Manuscripts going forward to the review process are reviewed by members of an international expert panel. All such papers will undergo a double blind peer review by two or more reviewers. We take every reasonable step to ensure author identity is concealed during the review process. We aim to complete this process within 8 weeks of the decision to review although occasionally delays do happen and authors should allow at least 12 weeks from submissions before contacting the journal.

In submitted revisions of the original manuscript you will need to provide clear evidence of the changes within the manuscript by either highlighting the changes or changing the text to a coloured font. Please do not use track changes. Response to reviewer comments should also be included in table format specifying the nature of change or reasoning as to why this change was not undertaken.

**Queries**

For questions about the editorial process (including the status of manuscripts under review) please contact the editorial office aucc@elsevier.com.

For technical support on submissions please contact [https://service.elsevier.com](https://service.elsevier.com)

**PREPARATION**
Use of word processing software

Manuscript Text
Font size of 11 or 10 pt, double-spaced, margins 2.5 cm (or 1 inch), and numbered pages. Please do not include line numbers in your manuscript as these will be inserted during the submission process.

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier: https://www.elsevier.com/guidepublication). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors, you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

REQUIRED DOCUMENTATION
Manuscripts must be accompanied by the following files for submission:

Covering letter - in which you detail matters you wish the editors to consider.

Reporting Guideline Checklist - if applicable

Author Agreement Statement - You must make a true statement that all authors have approved the final article, agree to be accountable for all aspects of the work and acknowledge that all those entitled to authorship are listed as authors. Sample text of an Author Agreement Statement can be downloaded here.

Title page - Essential title page information includes: • Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. The title should be in the format 'Topic / question: design/type of paper' and identify the population / care setting studied. (e.g. The effectiveness of telephone support for adolescents with insulin dependent diabetes: controlled before and after study).
• Author names, affiliations and qualifications. Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author. Qualifications should also be included on your title page by including the postnominals after each author's name.
• Corresponding author. Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.
• Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.
• Clinical Trial Registration Number/PROSPERO Registration. All clinical trials are required to be registered in a Clinical Trials Registry which adheres to the International Standards for Clinical Trials Registries.

The manuscript document itself MUST NOT contain any of the Author(s) details - for the purpose of the blind peer-review process

Ethics approval - as appropriate. A copy of the ethics approval letter must be uploaded with your submission.

Informed consent - Where applicable authors must confirm that informed consent was obtained from human participants and that ethical clearance was obtained from the appropriate authority.
Permissions Obtained - Permission to reproduce previously published material must be obtained in writing from the copyright holder (usually the publisher) and acknowledged in the manuscript.

Patient Consent Forms - Authors are required to attest that a Patient Consent Form from their institutions or licensing board has been signed by the patient or a proxy. Patient Consent Forms must comply at the very least with Elsevier’s policy around requirement for consent (See: https://www.elsevier.com/about/policies/patient-consent).

Article structure
Title
Abstract

Abstracts should be less than 300 words, and should not include references or abbreviations.

Abstracts of Research papers must be structured and should adopt the headings suggested by the relevant reporting guidelines (see below). In general, they should include the following Background; Objectives; Methods (which would normally include the design, settings, participants); Results or Findings, report main outcome(s) / findings including (where relevant) levels of statistical significance and confidence intervals; and Conclusions, which should relate to study aims and hypotheses.

Abstracts for Reviews should provide a summary under the following headings, where possible: Objectives, Review method used, Data sources, Review methods, Results, Conclusions.

Abstracts for Book review articles and Discussion papers should provide a concise summary of the line of argument pursued and conclusions.

Introduction
State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Methods
Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarised, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described. (Note: for randomised control trials, the Trial Registration Number will need to be inserted into the Methods section - but only after the manuscript has been accepted for publication. This is to preserve the double-blind peer-review process.)

Results
Results should be clear and concise.

Discussion
This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Keywords
Provide between four and ten key words in alphabetical order, which accurately identify the paper's subject, purpose, method and focus. Use the Medical Subject Headings (MeSH ®) thesaurus or Cumulative Index to Nursing and Allied Health (CINAHL) headings where possible (see http://www.nlm.nih.gov/mesh/meshhome.html).

Abbreviations
Avoid the use of abbreviations unless they are likely to be widely recognised. In particular you should avoid abbreviating key concepts in your paper where readers might not already be familiar with the abbreviation. Any abbreviations which the authors intend to use should be written out in full and followed by the letters in brackets the first time they appear, thereafter only the letters without brackets should be used.
Acknowledgements
All those individuals who provided help during the research (e.g. collecting data, providing language help, writing assistance or proofreading the article, etc.) that do not meet criteria for authorship should be acknowledged at the end of the manuscript, before the References. Acknowledgement of organisations providing funding to support the research should also be acknowledged.

Formatting of funding sources
List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Units
Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

Math formulae
Please submit math equations as editable text and not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

Statistics
- Standard methods of presenting statistical material should be used. Where methods used are not widely recognised explanation and full reference to widely accessible sources must be given. Exact p values should be given to no more than three decimal places.

Wherever possible give both point estimates and confidence intervals for all population parameters estimated by the study (e.g. group differences, frequency of characteristics).

Identify the statistical package used (please note that SPSS has not been "Statistical Package for the Social Sciences" for many years). All statistical packages should be appropriately referenced in text (e.g. IBM SPSS Statistics for Windows, Version 25.0. Armonk, NY: IBM Corp.) and in the reference list (e.g. IBM Corp. Released 2017. IBM SPSS Statistics for Windows, Version 25.0. Armonk, NY: IBM Corp).

Footnotes
Footnotes are not used in the journal.

Artwork
Electronic artwork
General points
• Make sure you use uniform lettering and sizing of your original artwork.
• Embed the used fonts if the application provides that option.
• Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
• Number the illustrations according to their sequence in the text.
• Use a logical naming convention for your artwork files.
• Provide captions to illustrations separately.
• Size the illustrations close to the desired dimensions of the published version.
• Submit each illustration as a separate file.
• Ensure that color images are accessible to all, including those with impaired color vision.

A detailed guide on electronic artwork is available.
You are urged to visit this site; some excerpts from the detailed information are given here.

**Formats**

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.

Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

EPS (or PDF): Vector drawings, embed all used fonts.

TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.

TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.

TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

**Please do not:**

- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
- Supply files that are too low in resolution;
- Submit graphics that are disproportionally large for the content.

**Color Artwork**

Figures/illustrations can be published in color at no extra charge for the online version. For the print version, color incurs a charge of US$ 312 for the first page and US$ 208 for every additional page containing color. If you wish to have figures/illustrations in color online and black and white figures printed, please submit both versions. If you wish to publish color illustrations and agree to pay the "color charge" check the appropriate box.

**Illustration services**

Elsevier's Author Services offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

**Figure captions**

Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

**Tables**

There should be no more than five tables and figures in total and included in a separate file. All tables and figures should be clearly labelled, and avoid using Bold lettering. Tables should be uploaded in the original application. Do not imbend Tables as images. If your manuscript includes more than five tables in total, or for very large tables, these can be uploaded as Supplementary Material and will be included as such in the online version of your article.

**References**

Usually no more than three references should be used to support a single idea. Avoid citation of personal communications or unpublished material. Citations to material in press (i.e. accepted for publication) are acceptable and such references should include details of the digital object identifier (DOI). Citation of material currently under consideration elsewhere (e.g. "under review" or "submitted") is not acceptable.

All publications cited in the text should be presented in a list of references following the text of the manuscript. In text references should be listed as consecutive numbers which are superscript above the text. The full reference should be cited in a numbered list at the end of the manuscript. References should follow the National Library of Medicine's Style Guide for Authors, Editors and Publishers [http://www.ncbi.nlm.nih.gov/books/NBK7256/](http://www.ncbi.nlm.nih.gov/books/NBK7256/).

Examples of references are shown below.


Web references
As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

For journal articles published online only the Digital Object Identifier (DOI) must be included.

Data references
This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

References in a special issue
Please ensure that the words ‘this issue’ are added to any references in the list (and any citations in the text) to other articles in the same Special Issue.

Journal abbreviations source
Journal names should be abbreviated according to the Abridged Index Medicus (AIM or "Core Clinical") Journal Titles.

Supplementary material
Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

RESEARCH DATA
This journal encourages and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project.

Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the research data page.

Data linking
If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described.

There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the database linking page.
For supported data repositories a repository banner will automatically appear next to your published article on ScienceDirect.

In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

**Mendeley Data** This journal supports Mendeley Data, enabling you to deposit any research data (including raw and processed data, video, code, software, algorithms, protocols, and methods) associated with your manuscript in a free-to-use, open access repository. During the submission process, after uploading your manuscript, you will have the opportunity to upload your relevant datasets directly to Mendeley Data. The datasets will be listed and directly accessible to readers next to your published article online.

For more information, visit the Mendeley Data for journals page.

**Data statement**
To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. The statement will appear with your published article on ScienceDirect. For more information, visit the Data Statement page.

**AFTER ACCEPTANCE**

**Online proof correction**
To ensure a fast publication process of the article, we kindly ask authors to provide us with their proof corrections within two days. Corresponding authors will receive an e-mail with a link to our online proofing system, allowing annotation and correction of proofs online. The environment is similar to MS Word: in addition to editing text, you can also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a faster and less error-prone process by allowing you to directly type your corrections, eliminating the potential introduction of errors. If preferred, you can still choose to annotate and upload your edits on the PDF version. All instructions for proofing will be given in the e-mail we send to authors, including alternative methods to the online version and PDF.

We will do everything possible to get your article published quickly and accurately. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. It is important to ensure that all corrections are sent back to us in one communication. Please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.

**Offprints**
The corresponding author will, at no cost, receive a customized Share Link providing 50 days free access to the final published version of the article on ScienceDirect. The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's Author Services. Corresponding authors who have published their article gold open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

**AUTHOR INQUIRIES**
Visit the Elsevier Support Center to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch.
You can also check the status of your submitted article or find out when your accepted article will be published.