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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

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GUIDE FOR AUTHORS

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)
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• Ensure all figure and table citations in the text match the files provided

Supplemental files (where applicable)

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• 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 and 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 of *Australian Critical Care*. 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.

**Common reporting guidelines are listed below:**

Authors are encouraged to consult the EQUATOR Network website for updated and new reporting guidelines (see [http://www.equator-network.org/](http://www.equator-network.org/)). Examples of common reporting guidelines include:

- **Synthesis of Qualitative Research** - ENTREQ: Enhancing transparency in reporting the synthesis of qualitative research [http://www.equator-network.org/reporting-guidelines/entreq](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** - 2,000–3,500 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.

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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 editor.acc@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 [http://www.wma.net/en/30publications/10policies/b3/index.html](http://www.wma.net/en/30publications/10policies/b3/index.html); Uniform Requirements for manuscripts submitted to Biomedical journals [http://www.icmje.org](http://www.icmje.org). 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.

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

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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.

**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. 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.

**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.

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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.

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*Submit your article*

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*Review process*

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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.

PREPARATION

Use of word processing software

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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:

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