AUSTRALIAN CRITICAL CARE
Official journal of the Australian College of Critical Care Nurses (ACCCN)

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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

ABSTRACTING AND INDEXING

PubMed/Medline

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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
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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

For papers reporting original research, please include a copy of the ethical approval letter. Where ethics approval has been waived, a letter from the institution waiving the need for ethical review must be included.

*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.
- Author contributions should be detailed following the CRedit author statement (https://www.elsevier.com/authors/journal-authors/policies-and-ethics/credit-author-statement)

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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 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. 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/

Quasi-experimental/non-randomised evaluations - TREND - Transparent Reporting of Evaluations with Non-randomized Designs

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

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/

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.

**Brief Research Report** - 1500-2500 words
Australian Critical Care accepts brief research reports which follow the same rigour, format and guidelines as original research studies but are designed for small-scale research or research in the early stages of development. These may include preliminary studies that utilize a simple research design or small sample size and that have produced limited pilot data and initial findings that suggest the need for further investigation. Brief research reports are not intended to be used for research that would otherwise qualify for a full original research manuscript or for publishing research that lacks significance or is not rigorous.

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

Australian Critical Care accepts quantitative, qualitative, integrative and scoping reviews for publication. Preference is given to reviews which have previously been registered with 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.

**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

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 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, should include a brief critique of the research, a discussion of how this research is situated in relation to what else is known on the topic, and commentary about the potential for translation of the research into clinical practice.

**Letters** - 300-400 words

Letters to the Editor specific to papers published in the Journal are welcome. Letters to the editor should be submitted through the online submission process.

**Commentaries** - 2000 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. On initial submission please redact this information to enable blind peer review. 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.

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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.

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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.

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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**

**Reporting clinical trials**

Randomised 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. Click here http://www.consort-statement.org/.

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.

**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 maintain the blind peer review process. 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.
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• present the article at a meeting or conference and to distribute copies of the article to the delegates attending such a meeting
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**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**

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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 identification of the institution at which the research was conducted, 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 Translation features 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.

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PREPARATION

Use of word processing software

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