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.

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ABSTRACTING AND INDEXING

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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.

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- 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

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- 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

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BEFORE YOU BEGIN

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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

- **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

- **Study of Diagnostic accuracy/assessment scale - STARD**
  - Standards for the Reporting of Diagnostic Accuracy Studies

- **Systematic Review of Controlled Trials - PRISMA**
  - Preferred Reporting Items for Systematic Reviews and Meta-Analyses

- **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

- **Basic statistical reporting for articles published in biomedical journals - SAMPL**
  - Statistical Analyses and Methods in the Published Literature

- **Reporting Case Studies - CARE**
  - CAse REports

- **Qualitative studies - SRQR**
  - Standards for reporting qualitative research.

- **Synthesis of Qualitative Research - ENTREQ**
  - Enhancing transparency in reporting the synthesis of qualitative research
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.

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**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](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 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.

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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.

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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.

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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.

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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.

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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.

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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.

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PREPARATION
**Use of word processing software**

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