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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

2017: 1.930 © Clarivate Analytics Journal Citation Reports 2018

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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 nurses 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.

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• Journal policies detailed in this guide have been reviewed

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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.

**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 encouraged 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)


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**Types of article**

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

**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. Ordinarily there should be no appendices although in the case of papers reporting tool development or the use of novel questionnaires it is usual to include a copy of the tool as an appendix.

**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).

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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).

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- **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.

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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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**Research Critiques** - up to 1,500 words + 15 references
Critiques of published research are 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**
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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.

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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), line numbers, and numbered pages.

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.

DOCUMENTATION REQUIRED AT SUBMISSION STAGE

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Covering letter - to the editor 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 - See section on "Essential title page information". The manuscript document itself MUST NOT contain any of the Author(s) details - for the purpose of the blind peer-review process

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