

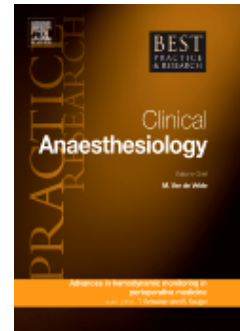


# BEST PRACTICE & RESEARCH: CLINICAL ANAESTHESIOLOGY

AUTHOR INFORMATION PACK

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## DESCRIPTION

In practical paperback format, each 200 page topic-based issue of *Best Practice & Research: Clinical Anaesthesiology* will provide a comprehensive review of current clinical practice and thinking within the specialty **anaesthesiology**.

All chapters are commissioned and written by an international team of practicing clinicians with the Guest Editors for each issue drawn from a pool of renowned experts and opinion leaders. Reference is made to: The latest original research Cochrane Reviews Audits and confidential enquiries National and international conferences National and international guidelines Personal communications All chapters take the form of practical, evidence-based reviews that seek to address key clinical issues of diagnosis, treatment and patient management.

Each issue follows a problem-orientated approach that focuses on the key questions to be addressed, clearly defining what is known and not known. Management will be described in practical terms so that it can be applied to the individual patient.

Boxed and bulleted Learning Objectives and Practice Points are features within each chapter and will highlight the core and essential knowledge that will help the physician to provide the best care to their patients.

The series' objective is to provide a continuous update for the busy clinician and researcher.

**2015 topics**, Volume 29, Issues 1-4

**29:1 March - Simulation in Anaesthesia and Surgery**

Georg Breuer & Klaus Hahnenkamp

**29:2 June - Developments in Extracorporeal Circulation**

Julie Huffmyer

**29:3 September - Protective mechanical ventilation in the operating room**

Marcelo Gama de Abreu & Marcus Schultz

**29:4 December - Cardiac arrest: Post-cardiac arrest management**

Paolo Pelosi & Yuda Sutherasan

## ABSTRACTING AND INDEXING

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## GUIDE FOR AUTHORS

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### INTRODUCTION

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**Submission of an article is upon invitation only. Please do not submit a paper if you have not been invited.** Each issue is devoted to a specific topic of current interest and consists of approximately 12 reviews, each of 7,000 words. Make clear what we know, what we think we know and what we do not know. Use **Practice Points** and **Research Agenda** to emphasise these. Reviews should focus on practical problems and issues. Management should be described in practical terms, so that it can be translated to the individual patient. Use appropriate examples to illustrate management problems, so that the reader actually knows what to do, when to do it, how to do it and why. Recommendations should be evidence-based. The quality of the information available and what remains unknown should be highlighted. Meta-analysis data and systematic reviews should be used where available. Emphasis should be given to randomized controlled trials, translating data from such trials to clinical practice wherever possible. If recommendations are not evidence-based, this should be clearly stated. As one of the primary functions of this publication is educational, please ensure that your review is well structured and clearly laid out, with level of headings clearly indicated and figures, diagrams, tables and flow-charts used to explain points and reduce explanatory text. The **abstract** should include the key issues which will be addressed in your review, emphasising what we know, what we think we know and what we do not know, the abstract should not be more than 150 words. The **summary** should focus on the conclusions reached in the review, indicating unanswered and unanswerable questions, the summary should be approximately 250 words.

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When providing anaesthesia for patients with dermatological conditions, it is important to avoid manoeuvres that exacerbate the condition Friction, pressure and needle punctures may induce or exacerbate skin lesions Heat regulation may be difficult and patients may become hyperthermic or hypothermic Lack of integrity of the skin may predispose to infections Intensive therapy with topical steroids may cause temporary suppression of the HPA axis and systemic corticosteroids are indicated in these patients

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Further research is warranted to evaluate human lower oesophageal sphincter pressure physiology during cardiac arrest The value of alternative airway devices needs to be determined to study possible alternatives for endotracheal intubation Bag-valve-mask ventilation techniques and manoeuvres need to be assessed to ensure that they provide sufficient oxygenation and ventilation while avoiding stomach inflation

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[1] Van der Geer J, Hanraads JA, Lupton RA. The art of writing a scientific article. *J Sci Commun* 2010;163:51–9.

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[3] Mettam GR, Adams LB. How to prepare an electronic version of your article. In: Jones BS, Smith RZ, editors. *Introduction to the electronic age*, New York: E-Publishing Inc; 2009, p. 281–304.

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[dataset] [5] Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <http://dx.doi.org/10.17632/xwj98nb39r.1>.

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