HEART & LUNG
The Journal of Cardiopulmonary and Acute Care

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DESCRIPTION

Heart & Lung: The Journal of Cardiopulmonary and Acute Care, the official publication of The American Association of Heart Failure Nurses, presents original, peer-reviewed articles on techniques, advances, investigations, and observations related to the care of patients with acute and critical illness and patients with chronic cardiac or pulmonary disorders.

The Journal’s acute care articles focus on the care of hospitalized patients, including those in the critical and acute care settings. Because most patients who are hospitalized in acute and critical care settings have chronic conditions, we are also interested in the chronically critically ill, the care of patients with chronic cardiopulmonary disorders, their rehabilitation, and disease prevention. The Journal’s heart failure articles focus on all aspects of the care of patients with this condition. Manuscripts that are relevant to populations across the human lifespan are welcome.

We are interested in publishing articles representing a broad range of science and clinical practice in a variety of settings as it pertains to our target population. Because health care and the health sciences are global, interdisciplinary, multidisciplinary, and transdisciplinary, we encourage authors to submit manuscripts that reflect these perspectives. Many articles also provide nurses with a framework for applying research results in clinical practice.

We publish original research, case reports, reviews, and observations that are on the cutting edge of science and clinical practice. Discussions of costs of care, patient education, and health policy are relevant to our focus. Reports of well-designed clinical trials and systematic reviews are especially welcome.

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GUIDE FOR AUTHORS

INTRODUCTION

Heart and Lung: The Journal of Acute and Critical Care, the official publication of The American Association of Heart Failure Nurses, presents original, peer-reviewed articles on techniques, advances, investigations, and observations related to the care of patients with acute and critical illness and patients with chronic cardiac or pulmonary disorders.

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Types of paper
We publish original research, reviews, clinical research studies, systematic review and observations that are on the cutting edge of science and clinical practice. Reports of well-designed clinical trials and systematic reviews are especially welcome. Discussions of translational research and implementation and improvement science, as well as costs of care, patient education, and health policy are of high relevance to our focus.

ARTICLE CATEGORIES

Original Research Articles
Original Research Articles are original papers demonstrating the results of scientific studies. Regular Research Articles are based on empirical data. They can contain case vignettes, but clinical descriptions cannot be used as the main content of the article. The text of the article should contain no more than 4,000 words, in addition to an abstract of 250 words and up to 40 references. This word count includes only the main body of text (i.e., not abstract, references, tables, or figures). Structured Abstracts are required for all research articles; this abstract should be limited to 250 words or less. Please use the following headings in your abstract: Background, Objectives, Methods, Results, and Conclusions.

Systematic Reviews
Systematic reviews are reports of analyses of healthy policy, education, economic or organizational issues pertaining to the care of patients with acute and critical illness and patients with chronic cardiac or pulmonary disorders.
Case reports are meant to be good descriptions of experiences from particular cases that allow lessons to be learned. It need not be a successful case, lessons can be learnt from failure and indeed there are excellent cases taken from failed attempts of implementation. An article containing a case study should address the following questions: what are the context variables that made it a success or failure; how can we transfer lessons from this case elsewhere.

**Person-centered Language**
Heart and Lung recommends submitting articles that utilize person-centered language. Person-centered language is a writing style that acknowledges and centers the person first, placing their diagnosis, condition, or disability in the context of the whole person.

Examples of person-centered language include "people with disability," "person with multiple sclerosis," or "people who have cardiopulmonary diseases."

**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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Reporting sex- and gender-based analyses

Reporting guidance

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the Sex and Gender Equity in Research (SAGER) guidelines and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

Definitions

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

Authorship

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

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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.

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Submit your article

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The manuscript should be arranged as follows: 1) title; 2) structured abstract and key words; 3) abbreviations list; 4) Highlights; 5) text; 6) references; 7) figure titles and legends; and 8) tables. Page numbering should begin with the first page.

Manuscript style should follow the AMA Style, 10th edition. Articles should be no more than 15 pages in length, not including title page, figures, tables, and references. Author(s) name and credentials should be listed according to the AMA-10 recommendations.

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Manuscript text should be double-spaced, left-aligned (unjustified), and in a 12-point font. The body of text should be structured with the following headings: Introduction, Methods, Results, and Discussion. Sub-headings may be used as appropriate. Each reference, figure and table should be cited in the text in numerical order according to order of first mention.

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Single anonymized review
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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

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Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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Theory/calculation

A Theory section should extend, not repeat, the background to the article already dealt with in the Introduction and lay the foundation for further work. In contrast, a Calculation section represents a practical development from a theoretical basis.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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Please include the word count for your manuscript and the word count for the abstract on your title page. Original manuscripts should not exceed 4,000 words and the abstract should be less than 250 words

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Provide three to four Highlights that are result-oriented points. Each Highlight must be 85 characters or fewer, including spaces, and the Highlights together must clearly convey only the results of the study.
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Immediately after the abstract, provide a minimum of 2 and a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

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Acknowledgments
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