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DESCRIPTION

Medicina Intensiva is the journal of the Spanish Society of Intensive Care Medicine and Coronary Units (SEMICYUC) and of Pan American and Iberian Federation of Societies of Intensive and Critical Care Medicine. Medicina Intensiva has become the reference publication in Spanish in its field. The journal mainly publishes Original Articles, Reviews, Clinical Notes, Consensus Documents, Images, and other information relevant to the specialty. All works go through a rigorous selection process. The journal accepts submissions of articles in English and in Spanish languages. The journal follows the publication requirements of the International Committee of Medical Journal Editors (ICMJE) and the Committee on Publication Ethics (COPE).

ABSTRACTING AND INDEXING

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- MEDES - Medicina en Español
- Science Citation Index Expanded
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GUIDE FOR AUTHORS

INTRODUCTION
MEDICINA INTENSIVA will consider for publication those works based on topics related to the practice of intensive medicine, medical emergencies, and critical care medicine in coronary units. Manuscripts will be evaluated for publication if they meet the following requirements: the material is original, presentation is clear, the methodology of the study is appropriate, the results are valid, the conclusions are reasonable, and the information is relevant. MEDICINA INTENSIVA complies with the guidelines of the International Committee of Medical Journal Editors: Uniform requirements for manuscripts submitted to biomedical journals. If the authors have further questions that are not answered within these instructions, they should refer to http://www.icmje.org.

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Review Articles. These articles present updates on a specific topic in the field of intensive care medicine. Reviews will preferably be commissioned by the Editorial Committee, although those proposed by collaborators may be accepted. Thus, before submitting the manuscript, the authors should always contact the Editorial Committee in order to propose the review article in question, at which time it will be determined whether the journal would be interested in its publication. The maximum length of the text will not exceed 5,000 words (excluding the Resumen/Abstract, Tables and References). The maximum number of literature references permitted is 80. Authors may also make use of the ESM for more extensive information that cannot be included in the print edition due to the Word count limitations. Up to 6 Figures and 6 Tables will be allowed. It is recommended to include one or several figures in this type of manuscripts. The number of authors will be limited to 4. The Resumen/Abstract will not be structured, but it must provide information on its content, with a length limit of 150 words.

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Types of article
Updates. Reviews commissioned by the Editorial Committee of MEDICINA INTENSIVA are included in this section and will be part of a series that will review in detail current topics in intensive care medicine in successive issues of the journal. The maximum length must not exceed 5,000 words (excluding the Resumen/Abstract, Tables and References). The maximum number of literature references permitted is 80. The ESM may be used for information that cannot be included in the print edition due to the word count limit. Up to include always 6 Tables and 6 Figures will be allowed. It is recommended to include always one or several figures in this type of manuscripts. The number of authors is limited to 4. It must include an unstructured Abstract in English (and a Resumen in Spanish) of approximately 150 words.

Points of View. The articles included in this section are those in which an opinion is expressed about a controversial topic in the field of intensive care medicine. Points of View will preferably be commissioned by the Editorial Committee, although those proposed by collaborators may be accepted. Thus, before submitting the manuscript, the authors should always contact the Editorial Committee
in order to propose the Point of View article in question, at which time it will be determined whether the journal would be interested in its publication. The maximum length of the text must not exceed 1,000 words (excluding Tables and References). The maximum number of references allowed will be 10, and up to 2 Tables and one Figure. The number of authors is limited to 2. It will not have a Resumen /Abstract.

**Editorials.** Included in this section are works in which the author/s discuss and analyse an Original published in the Journal. The Editorials will always be commissioned by the Editorial Committee. Also included in this section will be articles that summarise the view of a current topic by the Editorial Committee of MEDICINA INTENSIVA or the Board of Directors of Sociedad Española de Medicina Intensiva, Crítica y Unidades Coronarias (SEMICYUC). The maximum length of the text must not exceed 1,000 words (excluding the bibliography). The maximum number of references allowed is 10 and one Table or Figure will be admitted. The number of authors will be limited to 2. It will not include a Resumen or Abstract.

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3. Text: a) Introduction, b) Patients and Methods, c) Results, d) Discussion
4. Contribution of the Authors
5. Funding
6. Conflict of Interest
7. Acknowledgements
8. References
9. Tables
10. Figures

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- **Objective.** It will state the reason for the study that will be evaluated or the hypothesis that is established.

- **Design.** The basic design of the study will be described, including the study period and follow-up period. The following terms should be used: For interventionist studies: clinical trial with randomised distribution; clinical trial with non-randomised distribution; double blind; placebo controlled;
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Results. A quantitative estimation of the main study variables must be presented, including the confidence intervals (for example, 95%). In comparative studies, mention must be made of the confidence intervals for the differences between the groups studied. In the event that the main variables of interest are subjective measurements, it must state whether the observers knew the group to which each patient had been assigned. All questionnaire-type studies must mention the response rate. Diagnostic tests studies must report the sensitivity, the specificity and the likelihood ratio. If the predictive value is presented, it must also mention the prevalence or pre-test probability.

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