DESCRIPTION

*Trends in Anaesthesia and Critical Care* is an international peer reviewed journal, which welcomes reviews, original research about airway management and respiratory medicine, short communications, case reports about novelties and defined learning points and letters to the editor in anaesthesiology and critical care medicine on highly topical subjects and the latest breakthroughs in basic, clinical and translational research.

The journal's objective is to provide a platform for discussion, analysis and debate of topics across a diverse, multidisciplinary audience of basic scientists and clinicians, who share the common goal of understanding clinical practice of anaesthesiology, critical care, aspects of related emergency medicine and resuscitation, as well as airway management and respiratory medicine with a view to new clinical practice. Communicating emerging concepts and ideas will be facilitated with short communications to progress the exciting and evolving field of anaesthesia and critical care. TACC seeks case reports that describe novelties in the field arising from a clinical case, strong learning points out of the management of a clinical case, or how such case might have the potential to change clinical practice.

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One author has been designated as the corresponding author with contact details:
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- Referee suggestions and contact details provided, based on journal requirements

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Article Types

Case Reports. These are an opportunity to publish an interesting case or case series which you have encountered. Authors are asked to submit an interesting case or clinical lesson for consideration. If it is accepted then it will be sent on to an expert who will write an accompanying piece providing a critique or further information concerning the situation.

The format should be to start with a brief introduction followed by an account of what happened or was observed. A discussion section should then be included.

Length: 500-800 words, 12 references, 1 figure/box/table.

Authors names: Full contact details for all authors (indicate corresponding author).

Abstract: Briefly explain the necessary background and encapsulate the take-home message for a non-specialist readership. 100 to 120 words.

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Text Boxes (optional): Ideal for providing explanations of basic concepts or theories, giving detailed mechanisms or discussing case studies. Text Boxes can occasionally contain small figures and tables. 200 words max per Box (references to be listed in main reference list only).
The commentary will be written by an expert in the field and will have the same limits as those given above, i.e. maximum of 500-800 words, one figure or table and 12 references.

**Letters to the Editor:** Use sections and subheadings to lead your reader through the discussion.

**Length:** 750-800 words, 12 references, 1 figure/box/table.

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**Glossary Box:** Used for specialist language (not included in box count).

**References:** The reference list should not be exhaustive - simply alert the readers to the key literature on which your opinion is based. Reviews should be cited if necessary to refer to older data. Up to 50 references.

**Original Articles** welcome all areas of airway management from anesthesia, critical care, and emergency medicine in- and outside of hospitals, to teaching and training issues in airway management, as well as emerging concepts and ideas about equipment for airway management in human or manikin studies, as long as the authors can demonstrate their clinical or educational relevance of the issues investigated and described in their articles with the final aim to improved safe patient care.

**Title:** Titles should be short and enticing.

**Authors names:** Full contact details for all authors (indicate corresponding author).

**Structured Abstract with headings to include:** Background, Aim, Methods, Results, Conclusion: Briefly explain the necessary background and encapsulate the take-home message. Please emphasize the recent developments that make your research timely. 250 to 500 words.

**Article structure:** Introduction: please indicate the timeliness and rationale for your article (why the subject is important; why now). Use concise logical subheadings and provide clear links between sections. Please end with a brief summary of your article, a strong take-home message and include a clear indication of future research.

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Reporting guidance
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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.

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Registration of clinical trials
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