Author Guidelines for CriticalCareNurse

CRITICAL CARE NURSE is an official publication of the American Association of Critical-Care Nurses (AACN). Authors are invited to submit manuscripts for consideration and peer review. Clinical topics must apply directly to the care of critically and acutely ill patients and/or progressive care, telemetry, and stepdown unit patients and their families, with case presentations and clinical tips especially welcome.

Manuscripts should be submitted online via the CCN online manuscript submission and review system at http://www.editorialmanager.com/ccn. At the time of submission, complete contact information (postal address, e-mail address, telephone and fax numbers) for the corresponding author is required. First and last names, e-mail addresses, and institutional affiliations of all coauthors also are required. Manuscripts submitted through the online system should not be submitted by mail or e-mail.

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Quality improvement studies help maximize the integrity and safety of critical care. CCN welcomes such articles. However, because of their necessarily subjective relationships to context and social processes, such articles are difficult to evaluate using traditional empirical standards. For this reason CCN asks that quality improvement studies adhere to the Standards for Quality Improvement Reporting Excellence (SQUIRE) Guidelines. For more information, please see http://qshc.bmj.com/content/vol17/Suppl_1 or doi: 10.1136/qshc.2008.029058.

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Please note, the peer review process often takes 3 or more months and delays due to a variety of reasons are sometimes unavoidable. After the manuscript has been reviewed, the author will be informed whether the manuscript has been accepted or rejected, or requires revision before publication. Virtually all initial submissions of a manuscript require revision and another round of peer review. To support less experienced authors, CCN may selectively offer opportunities for multiple rounds of revision to enable refinement and eventual publication of a worthwhile manuscript.

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financial disclosures, including disclosures of no financial conflicts, will be published.

**Manuscript Content**

**Title Page**—The title page of a manuscript should contain the following:

- Title, which should be concise yet informative
- Authors’ full names, with degrees, credentials, ranks, affiliations, and work and home addresses of all authors
- Brief (1 to 2 sentences) biography of each author
- Funding and financial disclosure
- Acknowledgments or any other statements that identify people or places related to the manuscript
- Three to 5 key words for indexing

**Abstract**—Abstracts must be written in the third person. Abstract categories vary as follows:

- Research or quality improvement project reports—must have structured abstracts of no more than 250 words. These abstracts should have the following subheadings: Background, Objectives, Methods, Results, Conclusions.
- All other papers, such as case reports or review papers—must have an unstructured abstract of no more than 150 words.

**Articles**—*Feature* articles are papers devoted to the mainstays of clinical practice and of interest to nearly all readers. Articles should generally not exceed 15 double-spaced typed pages, excluding abstract, references, tables, and figures.

**Columns** are shorter papers devoted to clinical subspecialty areas (eg, pediatrics, neonatal, transplantation) or functional areas (eg, ethics, legal, staff development). Articles should have a maximum length of 2000 words (excluding abstract, references, tables, and figures).

Use of such visual elements as tables and figures (as well as sidebars and bibliography) to convey additional information is strongly encouraged in both features and columns; these elements should augment, not duplicate, information in the text.

- Submit the paper without any information that may identify the author(s).
- Add continuous line numbering, a function in Microsoft Word, to the paper: Format/Document/Layout/Line Numbers. In the Line Numbers dialogue box, select both Add Line Numbering and Continuous. Although not visible in Normal view, line numbering can be seen in Print Preview or Print Layout.

**References**—References should be double-spaced and should be located after the last page of text and before any Tables and Figures. Number them consecutively by their order of appearance in the text and designate reference numbers as superscripts in the text. References in tables and figures are numbered sequentially as if they are cited where the table or figure is first cited in the text. *Do not use a word processing footnote function.* If a source lists more than 6 authors, list only the first 3, followed by “et al.” Follow the *American Medical Association Manual of Style, 10th edition,* for format and punctuation, shown below.

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**Figures**—Submit scanned black-and-white or color images at a resolution of at least 300 dpi. Do not send files
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Drug Names—Use generic names only. The trade name of a particular drug may be cited in parentheses the first time the generic name appears.

Units of Measurement—Physiologic measurements should be reported in metric units (International System of Units, SI); conventional units may be placed in parentheses after the SI units. Use metric units or decimal multiples for length, height, weight, and volume. Show temperature in degrees Celsius, blood pressure in millimeters of mercury, and volume (liquid and gas) in milliliters, not cubic centimeters. Laboratory values may be reported in conventional units.

Abbreviations and Symbols—Avoid nonstandard abbreviations and those included in The Commission’s “Do Not Use” list of abbreviations (available at http://www.jointcommission.org/PatientSafety/DoNotUseList). Use the full term for an abbreviation or symbol on first reference, unless it is a standard unit of measure.

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In Our Unit—Articles submitted to the In Our Unit department should be e-mailed to the managing editor at rebecka.wulf@aacn.org. These articles are subject to an in-house review process.

Manuscript Preparation—All material must be double-spaced with margins of at least 1 inch on all sides. Number all pages sequentially, including the summary of key points, references, tables, and figures.

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- Authorship, Financial Disclosure, Copyright Transfer, and Acknowledgment Form—each author signs a separate form
- Title page (include title of manuscript; name(s), professional credential(s), affiliation(s), addresses of all authors in the order intended for publication; brief [1 to 2 sentences] biography of each author; funding and financial disclosure; acknowledgments; and 3 to 5 key words for indexing)
- Text of manuscript (do not include authors’ names or institutions in the running head or in the manuscript)
- Abstract (include as numbered page; double-spaced on separate page)
- References (include as numbered pages; double-spaced on separate page; follow reference style described in these guidelines)
- Tables (double-spaced, 1 per page; numbered consecutively; include title for each)
- Figure legends (separate page; double-spaced)
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