Instructions for authors

Submission guidelines

The Journal of Critical Care Medicine is an international journal dedicated to publishing high quality peer-reviewed articles pertaining to critical care medicine. The prominent themes covered by the journal include pathologies related to critical care patients within a broad spectrum of disciplines and therapeutic areas, including, but not restricted to general surgery, peri-operative care, cardiology, internal medicine, pneumology, infectious diseases, organ transplantation, emergency medicine and neurology.

All manuscript submitted to JCCM must be original, high quality and conform to the “Uniform Requirements for Manuscript Submitted to Biomedical Journals” published in Annals of Internal Medicine (1997;126:36-47).

Studies involving experimental research on animals or humans must conform to the guiding principles of the Declaration of Helsinki. In case of research involving human subjects, the manuscript must contain a statement within the “Material and Methods” section indicating that the study protocol has been approved by the author(s) institutional ethical committee and that all study participants have given informed consent to the participate, or that the ethical committee has waived the need for informed consent. In order to respect patient confidentiality and the right to privacy, identifying information such as patient’s names, images, hospital or hospital record details, should not be included in any published material unless the information is essential for the scientific content. If so, written permission must be obtained from the patient, and this permission should be submitted to the editorial office prior to publication.

In case of manuscripts reporting clinical trials, these should be registered in a public trials registry at or before the time of first patient enrollment, as a condition for consideration for publication. Trials should preferably be registered in ClinicalTrials.gov, but in accordance with the guidelines of the International Committee of Medical Journal Editors any primary register of the WHO International Clinical Trails Registry Platform (ICTRP) is acceptable.
All manuscripts should be submitted via email to the email address jccm@umftgm.ro.

The submission should include the following attachments:

1. **Cover letter**
2. **License to publish**
3. **Manuscript**
4. **Figures**
5. **Tables**
6. **Appendices**

### 1. Cover letter

All manuscripts should be submitted together with a cover letter attached as a separate file, stating that:

1) the manuscript is original
2) no portion of the manuscript is under consideration for publication in any other journal or has been previously published, except as an abstract of fewer than 400 words.
3) all authors have read and approved the manuscript and accept responsibility for the full content.
4) Authors must state all possible conflicts of interest relating to the manuscript, or, if there are none, this should be stated as “none declared”.

The cover letter should be signed by the corresponding author who should clearly mention in the letter’s text that he/she is empowered by all the authors to sign the cover letter and submit the manuscript on their behalf.

The cover letter may include a list of potential reviewers or persons which the author(s) do not wish as reviewers. A brief statement of reasons of suitability/non-suitability should be given.

### 2. License to publish

A license to publish statement should be signed by the corresponding author on behalf of all the authors. The standard format of this document is available at [www.jccm.ro](http://www.jccm.ro).
3. Manuscript

The manuscripts, including all tables and references, must be prepared in Word format. The text should be typed double-spaced with no indent, using “Times New Roman” font size 12.

Please arrange the contents of your manuscript in the following order:

i. Essential title page information

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- **Author names and affiliations.** Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
- **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. Ensure that phone numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address. Contact details must be kept up to date by the corresponding author.

Please also provide information on grants, contracts and any other form of financial support received in connection with the reported study.

**Abstract** – an abstract of no more than 300 words should accompany manuscripts relating to original research, case presentations and review articles. This should be structured using the following headings: Introduction, Aim of the study, Material and Methods, Results, Conclusions. Detailed instructions on abstract preparation according to each manuscript type are given below.

**Key words** – up to 10 keywords should be supplied by the author(s)

**Full text** – should be formatted in Microsoft Word, double-spaced, single columned. Use headings and subheadings in all the sections. Original research
articles should not exceed 5,000 words including references, tables, table legends and figure legends, and should be divided into the following sections:

a. **Introduction**
   This must be presented in a structured format, covering the following subjects, although actual subheadings **should not** be included:
   • succinct statements of the issue in question;
   • the essence of existing knowledge and understanding pertinent to the issue (reference);
   • the aims and objectives of the research being reported relating the research to dentistry, where not obvious.

b. **Materials and methods**
   • describe the procedures and analytical techniques.
   • only cite references to published methods.
   • include at least general composition details and batch numbers for all materials.
   • identify names and sources of all commercial products e.g. Voltarol® Emulgel® Gel (Company, Town, Country).
   • specify statistical significance test methods.

c. **Results**
   • refer to appropriate tables and figures.
   • refrain from subjective comments.
   • make no reference to previous literature.
   • report statistical findings.

d. **Discussion**
   • explain and interpret data.
   • state implications of the results, relate to composition.
   • indicate limitations of findings.
   • relate to other relevant research.

e. **Conclusion**
   • must **NOT** repeat Results or Discussion
   • must concisely state inference, significance, or consequences
When preparing your manuscript, consider the following rules:

a. Define abbreviations that are not standard the first time they appear in the text, followed by the abbreviation in brackets. Such abbreviations that are unavoidable in the Abstract must be defined at their first mention there. Ensure consistency of abbreviations throughout the article.

b. All references, tables and figures should be cited in numerical order.

c. Language editing will be available during the editorial process, however authors whose native language is not English are strongly advised to seek appropriate grammatical assistance when preparing the manuscript. Poorly written manuscript will be returned for improvement before commencing the editorial process.

v. **Acknowledgments** – please indicate any source of funding including grants, contracts or any other form of financial support relating to the study.

vi. **References** - Number the references in the order in which they are first cited in the text. References should be indicated as full-size Arabic numerals in rounded parantheses.

vii. **Reference style** - Please abbreviate titles of periodicals according to Index Medicus, or spelled out in full if not listed in Index Medicus. Use the following formats, paying close attention to the use of punctuation i.e.colon (:), semi-colon (;), coma (,) and full-stops (.)

For journal articles:


For articles-in-press:


For a chapter in a book:


For a Book:

**viii. Acknowledgements** - collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

**ix. Units** - follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

4. **Figures** - should be prepared separately and sent as additional files, in TIF or JPG format, or compressed into one ZIP file. The figures should be prepared at the standard resolution of 300 dpi. All abbreviations used in a figure should be explained in the figure legend. Figure legends should be concise but explicit, enabling a clear understanding of the illustration. Figures and figure legends should be numbered in Arabic numerals in the order of appearance in the text and should not be imbedded within the text. Colour figures are preferred. Where a figure(s) is reproduced or adapted from another source, the author must first seek permission from both the author and publisher of the original material. Written evidence of permission for reproduction in both print and electronic formats for worldwide distribution must be forwarded with the manuscript and state “Reproduced with permission from…” or “Adapted with permission from…”.

5. **Tables.**

These must be self-explanatory and should not duplicate the text. Tables should be numbered in Arabic numerals in the order of mention in the text and should not be imbedded within the text. Instead, each table should be typed on a separate page at the end of the manuscript. All the abbreviations used in the table should be typed as footnotes immediately below the table.
6. 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.

The Journal of Critical Care medicine also publishes the following types of paper

   a. Reviews

   The journal publishes comprehensive review papers on actual topics of interest related to critical care medicine. Review articles should include a brief nanostructured abstract of no more than 200 words and the text should be limited to 5,000 words including references, tables and figures.

   Review articles can be submitted by invitation or unsolicited. In both cases, full consideration will be given to articles providing a substantial contribution to a better understanding of a pathophysiological or clinical aspect in a field related to critical care medicine.

   b. Case reports and case series

   Case reports should be limited to presentation of a single particular and uncommon case, or uncommon presentation of a disease. Case series include description of a series of a maximum of 10 cases with common particularities. The abstract should be limited to 200 words, being divided into introduction, case presentation / presentation of case series and conclusions. The full manuscript should not exceed 2,000 words including references, figures and tables, being divided into sections headed Introduction, Case presentation / presentation of case series, Discussions, Conclusions. In manuscripts pertaining to case presentation or case series, the number of authors should be limited to four and the number of references to twenty and the number of figures to 5.

   c. Brief reports

   Brief reports refer to articles presenting a short communication related to an original pre-clinical or clinical study which is not a case presentation or a case series report. While the structure of the abstract and of the full text should be
similar to that detailed for full original articles, the length of the manuscript should be shorter, the abstract limited to 200 words and the full text (including references, tables and figures) to 2,000 words.

d. Letter to editor

A letter to the editor may refer to an article recently published by the journal, commenting on the article in a constructive professional manner the content of which, in the opinion of the author(s) would add the current status of knowledge in the field. If accepted, the letter will be send to the authors of the original article who will have the opportunity to respond and to have their response published in the same journal issue as the letter to the editor. The letters should be limited to 500 words, 5 references and 3 authors. No abstract is required.

e. Editorial

Editorials should be limited to 2000 words (including references) and should be related to an article published in the current number or to a specific topic that is current and of high interest to the readers.

f. State-of-the-art papers

The journal publishes state-of-the-art articles that aim to provide an update on the current status of areas of high interest to critical care medical specialists. The principal aim of such articles is to offer the specialist and other practitioners a source of continuing education and forum for discussion. A state-of-the-art article should have a full text limited to 4,000 words, in addition to a 200 word unstructured abstract. Sections of the article should be divided using headings relevant to each particular case.

Publication ethics

Informed consent

All research studies involving human subjects must have received approval of the appropriate institutional ethics committee and informed consent must be obtained from all the patients participating in the studies, prior to manuscript submission.

In cases where the institutional ethics review committee ruled that approval from them was not required or that the need for informed consent was unnecessary, a
statement from the committee to this end should be forwarded to the Editor with the manuscript.

**Human and animal rights**

Studies involving experimental research on animals or humans must conform to the guiding principles of the Declaration of Helsinki. In order to respect a patient’s right to privacy, identifying information such as patients’ names, images, initials of hospital numbers should not be included in any published material (tables, figures, text), unless the information is essential for scientific content. In these cases written permission must be obtained from the patient, and should be submitted to the editorial office at the time of manuscript submission. In the case of animal experiments, both national and the institutional guidelines pertaining to the experimental use of laboratory animals should be rigidly followed.

**Conflict of interest**

The manuscript should contain a statement fully disclosing any conflict of interest related to the manuscript. If there are no conflicts of interest, this should be stated as “none declared”. Material and financial support should also be acknowledged.

**Scientific misconduct**

Scientific misconduct includes data fabrication, falsification, plagiarism, redundant publication, ghost authorship or other fraudulent research practices. In order to prevent plagiarism issues, all manuscripts sent to the journal will be screened using anti-plagiarism soft-ware. Where there is a suspicion of scientific misconduct, the Editor will act in conformity with the principles stated in the COPE guidelines and if the fraudulent practice is confirmed the manuscript will be rejected outright and without the Editor entering into any further correspondence.

**Clinical trials**

In case of manuscripts presenting clinical trials, the clinical trial should be registered in a public trials registry at or before the time of first patient enrollment, as a condition for consideration for publication. Trials should be preferably registered in ClinicalTrials.gov, but any registry that is a primary register of the
WHO International Clinical Trials Registry Platform (ICTRP) is acceptable, in accordance with the guidelines of the International Committee of Medical Journal Editors.