Instructions for Authors

Pediatric Critical Care Medicine is an international, peer-reviewed journal that is interested in publishing the highest quality scientific studies in the field of pediatric critical care medicine.

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Statistical Review. Any study containing quantitative data and statistical inference should be reviewed by a consultant with formal statistical training and experience.

MANUSCRIPT PREPARATION

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When uploading the text, tables, and figures into Editorial Manager®, there is the option of entering files for review and files for production. Files for review are viewable by the editorial staff, the editor, and the reviewers. These documents should include all text, tables, and figures, as well as any special referenced material. Files for production are only seen by the editorial staff and will not be seen by reviewers.
In addition, the following should be observed:

- The full term for which an abbreviation stands should be used at its first occurrence in the text unless it is a standard unit of measure. The abbreviation should appear in parentheses after the full term. Abbreviations should not be in the title, figure legends or table titles.
- For standard American units, do not use values that are more significant than your analysis is capable of accurately measuring (e.g., Pao2 84 torr [11.2 kPa], not 83.7 torr).
- Hemodynamic measurements for pressure (e.g., MAP) should appear in mm Hg and gas tension measurements (e.g., Po2) should appear in torr with SI units in parentheses. The units of vascular resistance are dyne. sec/cm².
- Please provide r² values for parametric data.

References. All references should be cited in sequential order in the text and typed on a separate sheet of paper. References should be identified in text, tables, and legends by full-size Arabic numerals on the line and in parentheses. Do not use wordprocessing footnote, endnote, or paragraph numbering functions to make a list of references. Titles of journals should be set in italics and abbreviated according to the style used in Index Medicus. If journal titles are not listed in Index Medicus they should be spelled out. Unpublished data or personal communications should be noted parenthetically within the text but not in the References section. Inclusive page numbers (e.g., p. 1-10) should be used for all references. Listed below are samples of standard references; however, a complete listing of references can be found on the International Committee of Medical Journal Editors Web site, www.icmje.org.


**Equations.** Equations should be created as normal text or as images. The use of equation editors or utilities may not convert correctly during the manuscript submission process and their use is discouraged.

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A) Creating Digital Artwork

1. Learn about the publication requirements for Digital Artwork: http://links.lww.com/ESA/A2

2. Create, scan, and save your artwork and compare your final figure to the Digital Artwork Guideline Checklist (below).

3. Upload each figure to Editorial Manager® in conjunction with your manuscript text and tables.

B) Digital Artwork Guideline Checklist

Here are the basics to have in place before submitting your digital art:

- Artwork should be saved as .tif or .eps files.
- Artwork is created as the actual size (or slightly larger) it will appear in the journal.
- (To get an idea of the size images should be when they print, study a copy of the journal to which you wish to submit. Measure the artwork typically shown and scale your image to match.)
- Crop out any white or black space surrounding the image.
• Diagrams, drawings, graphs, and other line art must be vector or saved at a resolution of at least 1200 dpi.
• Photographs, radiographs, and other halftone images must be saved at a resolution of at least 300 dpi.
• Photographs and radiographs with text must be saved as postscript or at a resolution of at least 600 dpi.
• Each figure must be saved and submitted as a separate file. Figures should not be embedded in the manuscript text file.

Remember:
• Cite figures consecutively in your manuscript.
• Number figures in the figure legend in the order in which they are discussed.
• Upload figures consecutively to the Editorial Manager® Web site and number figures consecutively in the Description box during upload.

For captions and variables within a figure, use Helvetica (or Arial) font, if possible, in upper and lower case letters. Radiographic prints must have arrows (if applicable) for clarity. Color photographs will occasionally be published in the journal if use of color is vital to making the point; authors will be charged the cost of color in the journal if use of color is vital to making the point; authors will be charged the cost of color reproduction. Figures that do not conform to these specifications will be sent back to the corresponding author for correction.

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Clinical Investigations. These include randomized controlled trials, case-control series, and retrospective studies, among others. Within this category, we also feature four subspecialty categories: Cardiac Intensive Care, Neonatal Intensive Care, Neurocritical Care, and Quality and Safety. This category of manuscript has a word limit of 2000 to 4000 words (8-16 typed double-spaced pages) which includes an abstract of no more than 300 words; the Discussion section of the manuscript should be limited to no more than 1500 words; a maximum of 40 references; and no more than 7 Figures and/or Tables.

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Review Articles. These consist of critical assessment of literature and data pertaining to clinical topics. In review articles, emphasis should be placed on cause, diagnosis, therapy, prognosis, and prevention. Information concerning the type of study or analysis, population, intervention, and outcome should be included for all data used. The selection process used for all data should be described. Meta-analyses will be considered as review papers. The recommended length of review articles is 2000 to 3000 words (8-12 typed double-spaced pages) which includes an abstract of no more than 300 words; a maximum of 100 references; and no more than 10 Figures and/or Tables.

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PCCM Perspectives. These include articles that may fall outside the realm of formal clinical or basic science research, such as social policy, professional education, ethical dilemmas, and delivery of compassionate care. The recommended length is no more than 1500 words (6 typed double-spaced pages) which includes an abstract of no more than 300 words; a maximum of 25 references; and no more than 4 Figures and/or Tables.

Evidence-Based Journal Club. These articles provide an evidence-based critique of a recent important paper in the field of pediatric critical care medicine. The recommended length is no more than 1500 words (6 typed double-spaced pages) which includes an abstract of no more than 300 words; a maximum of 25 references; and no more than 4 Figures and/or Tables.

Letters to the Editor. Letters to the Editor are encouraged. Letters must specifically address a recent article published in Pediatric Critical Care Medicine. They should be no more than 500 words (2 typed double-spaced pages) with a maximum of 5 references.
Invited Editorial. These represent commentaries addressing newly published articles in the journal and are by invitation only. Invited editorials should be no more than 1200 words (3 typed double-spaced pages) with a maximum of 15 references and a maximum of 2 Figures and/ or Tables.

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