Author Guidelines for Critical Care Nurse

Critical Care Nurse (CCN) 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 meet the mission of *CCN* and address nursing practice of acute and critically patients. Manuscripts will be considered on the understanding that they have not been published elsewhere and have been submitted solely to *CCN*. (This restriction does not apply to abstracts.)

Manuscripts should be submitted via the *CCN* online manuscript submission and review system at www.editorialmanager.com/ccn. Author fees are not charged for manuscripts submitted to *CCN* or articles published in the journal. At the time of submission, complete contact information (mailing address, email address, telephone number) for the corresponding author is required. First and last names, email addresses, and institutional affiliations of all coauthors also are required. (Print copies of the journal will be sent only to those coauthors who provide their mailing address.) Manuscripts must be submitted in Microsoft Word or a compatible format.

Please include a cover letter. All authors will be emailed a link to complete the "*CCN* Submission and Publication Agreement" within the online submission system. All authors must complete the agreement in order for the paper to be published (if accepted). All financial disclosures—including disclosures of no financial conflicts—will be published.

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For help submitting your manuscript online, visit www.editorialmanager.com/ccn and click "Author Tutorial." For technical help or questions not addressed by the Author Tutorial document, email ccn.editorialoffice.org.

Authorship
Each author must meet the authorship criteria listed in the International Committee of Medical Journal Editors (ICMJE) guidelines. Contributors who do not meet these criteria may be listed in the Acknowledgments.

Critical Care Nurse is a practice journal, and nurses' contribution to clinical practice information is highly valued. Consider including at least 1 nurse (retired or practicing) in the author team or at least 1 nurse (retired or practicing) as a contributor (listed in the Acknowledgments).

Peer Review
All manuscripts are subject to a double-blind peer review. **To ensure a blinded review, do not include the author's name or institution in the running head or anywhere in the manuscript after the title page or in the file names of manuscript components (abstract, manuscript, figure/table), including references in the first person to the author's own work.** Include a placeholder for any institutional names; for example, "Our project was implemented at XXXXX." **Manuscripts that do not meet this requirement will not be reviewed.**

Your submission will be judged for validity, originality, ethics, and significance. This process takes roughly 3 months, but delays are sometimes unavoidable. After the manuscript has been reviewed, the author will be informed whether the manuscript has been accepted, rejected, or requires revision before publication. Most manuscript submissions require at least 1 revision followed by another round of review.

At the time of submission, authors will be asked to suggest potential reviewers (optional). Please suggest reviewers for your submission and provide a rationale such as content expert. These potential reviewers should be individuals who were not involved with your project or manuscript and who are not from your institution.

Accepted manuscripts become the property of AACN and may not be published without the written permission of AACN. (Copyright AACN. All rights reserved.) Accepted manuscripts are subject to editing to conform to the *American Medical Association Manual of Style,* 11th edition (2020).

Publication Ethics
American Association of Critical-Care Nurses journals closely follow recommendations from the most recent

edition of the *American Medical Association Manual of Style* on handling complaints and appeals, conflicts of interest and competing interest among contributors and editors, data sharing and reproducibility, ethical oversight, intellectual property, and options for postpublication discussion and correction. For more information on our policies, contact us at publications@aacn.org.

All manuscripts are scanned for plagiarism. If potential plagiarism (including self-plagiarism) is detected, authors will be contacted for clarification. If plagiarism is confirmed, editorial action may be taken. These actions may also be taken if other examples of scientific misconduct (eg, breaches of publication ethics) are discovered, either before or after publication. The actions taken by the editors may include (but are not limited to): publication of the breach in the journal, retraction of published articles, notification of institutional authorities, and loss of privileges of publishing in the journal in the future.

Allegations of Misconduct
The American Association of Critical-Care Nurses adheres to the ethical guidelines published by COPE, the Committee on Publication Ethics (publicationethics.org/resources/guidelines), and takes allegations of misconduct, such as plagiarism or falsification of data, with the utmost seriousness. If you believe content in this journal may have been falsified, please contact the editorial office: American Association of Critical-Care Nurses, 27071 Aliso Creek Rd, Aliso Viejo, CA 92656, phone: (800) 394-5995, ext. 532, (949) 362-2000, email: ccn@aacn.org.

Complaints Process
Authors wishing to submit a complaint may do so by contacting us by phone or email:
Phone: (800) 394-5995, ext 515; (949) 362-2000
Email: ccn@aacn.org

Policy on Repositories
The American Association of Critical-Care Nurses permits submission of published articles in third-party repositories on a case-by-case basis, but generally not until the article is at least 1 year old. To inquire, email us at publications@aacn.org or by clicking the "Contact Us" link at the bottom of the page.

Compliance With National Institutes of Health Accessibility Requirements
For those authors whose project was funded by the National Institutes of Health (NIH), the editor and publisher acknowledge that the authors retain the right to provide a copy of the final manuscript to the NIH upon acceptance for journal publication for archiving in the PubMed Central database as soon as possible, but no later than 12 months after publication by the journal. (For NIH reporting purposes, *CCN* defines "acceptance" of a manuscript as occurring at the time the editors have approved the final page proof as accurate and ready for public release.) Please note, however, that submission of the manuscript to PubMed Central is the author's responsibility.

Artificial Intelligence
Critical Care Nurse aligns with COPE and ICJME's positions on the use of artificial intelligence (AI) in publication.
- Artificial intelligence tools cannot be listed as authors because they cannot take responsibility for the submitted work, one of the requirements for authorship.
- Authors must disclose the use of AI in the development of their submission (eg, body of manuscript, tables, figures).
- If authors use AI in the development of the manuscript, they must fact check and cite all information generated by AI.

Manuscript Content
Title Page
The title page of a manuscript should contain the following:
- Title, which should be concise yet informative
- All authors' full names, with degrees, credentials, ranks, affiliations, and mailing addresses
- Brief (1 to 2 sentences) biography of each author
- Acknowledgments, disclaimers. The corresponding author must obtain permission from all individuals listed in the Acknowledgments.
- Funding and financial disclosure, sources of grants or other financial support (or claim of no conflict of interest)
- Three to 5 key words

Abstract
Abstracts must be written in the third person. Structured, double-spaced abstracts are preferred; abstracts should use the headings appropriate to the type of article listed below and should include no more than 250 words.

Articles
All manuscripts should be double-spaced with size 12 font and 1-inch margins. Number all pages sequentially and add continuous line numbers. Do not include the title page, abstract, tables, or figures in your manuscript file; these components will be submitted as separate files under the appropriate category. Include a "List of Figure Captions" on a separate page after the references. Bullet points should be used judiciously within the text. Tables and figures should not duplicate the text or each other and should augment the text in the body of the manuscript.

Feature articles should be approximately 3000 words, excluding abstract, references, tables, and figures.

Column articles (invitation only) should should be approximately 2000 words, excluding abstract, references, tables, and figures.

Critical Care Nurse no longer accepts research articles.

Several types of manuscripts are published in *CCN*, including quality improvement reports, structured review articles, evidence-based practice articles, and case study reports.

Quality Improvement Reports—follow SQUIRE 2.0 guidelines.
Critical Care Nurse seeks quality improvement reports on interventions that have made a meaningful difference in clinical practice outcomes. The patient- or process-oriented intervention should include more than nursing education. Quality improvement reports should adhere to the Standards for Quality Improvement Reporting Excellence (SQUIRE) guidelines. For more information about SQUIRE, visit www.squire-statement.org/guidelines.
- **Background** (include relevance to critical care nurses)
- **Local Problem** (include purpose/objective of the project and ethical considerations)
- **Methods**
- **Interventions**
- **Results**
- **Conclusions**

Review Articles—follow guidelines specific to the type of review article.
Only reviews using a structured literature search will be considered for publication. An integrative review is one example (see methodology suggestions by Torraco RJ and by Whittemore and Knafl). Please note that *CCN* does not accept systematic reviews.
- **Background**
- **Objective**
- **Methods**
- **Results**
- **Discussion** (include clinical practice recommendations and limitations or possible biases)
- **Conclusions**

Evidence-Based Practice (EBP) Articles—follow guidelines specific to EBP articles
- **Background** (include clinical question)
- **Review of Evidence** (cite evidence table)
- **Implementation**
- **Evaluation**
- **Sustainability**
- **Conclusions**

Case Reports—follow CARE guidelines.
Consider using and submitting a figure or table to represent the timeline of the case report.
- **Introduction** (What was unique about this case? What is your purpose for reporting this case? Include ethical considerations and consent.)
- **Clinical Findings** (include patient's main symptoms and relevant findings)
- **Diagnosis**
- **Interventions**
- **Outcomes**
- **Conclusion** (What were the main take-away lessons from this case?)

References
Primary references should be used when possible. Current references (within the past 5 years) are desirable; however, older references may be required.

References should be in English when possible. Non–English-language references may be used sparingly, only if English references are not available; if used, all authors of the manuscript must be fluent in that language and be able to critically appraise the reference. A rationale must be provided for using non–English-language references.

References should be double-spaced and located after the last page of text and before any tables and figures. Number references 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. Remove electronic coding from reference management software before submission. If a source lists more than 6 authors, list only the first 3, followed by "et al." DOI numbers should be provided for all online only articles in the reference list. Follow the *AMA Manual of Style,* 11th edition, for format and punctuation, shown below.

Journals: Last name and initials (no periods) of authors, title of article (capitalize only the first word, proper names, and abbreviations normally capitalized; no quotation marks), journal title (italicize and use Index Medicus abbreviations), year of publication, volume, issue, inclusive page numbers. Example:

Lee RK, Gallagher JJ, Ejike JC, et al. Intra-abdominal hypertension and the open abdomen: nursing guidelines from the Abdominal Compartment Society. *Crit Care Nurse.* 2020;40(1):13-26. doi:10.4037/ccn2020772

Books: Last name and initials of author(s); title of book (italicize and capitalize all significant words); edition number (if after first edition); last name and initials of editor if

any; publisher; year of publication; page numbers (only if specifically cited). Example:

Hartjes T, ed. *AACN Core Curriculum for High Acuity, Progressive, and Critical Care Nursing.* 7th ed. Elsevier; 2017.

Book Chapters: Last name and initials of authors; title of chapter; "In:" followed by last name and initials of editor(s), "ed."; title of book, edition number (if after first edition); last name and initials of editor, if any; publisher; year of publication; page numbers of chapter. Example:

Goodrich C. Endotracheal intubation (assist). In: Wiegand DL, ed. *AACN Procedure Manual for High Acuity, Progressive, and Critical Care.* 7th ed. Elsevier; 2017:23-31.

Online References: Last name and initials of author(s); title of the specific item cited (if none is given, use the name of the organization responsible for the site); name of the website; date published; date updated; date accessed; full URL. Example:

International Society for Infectious Diseases. ProMED-mail website. Accessed December 17, 2019. http://www.promedmail.org

Tables
Create and submit each table as a separate file in Word. Do not paste the table into Word as an image or from another program. Place the table title above each table. Each table must be numbered sequentially (in the order mentioned in the text). Abbreviations appearing in tables must be spelled out directly below the respective table.

Figures
Submit scanned black-and-white or color images at a resolution of at least 300 dpi. The preferred file formats are TIFF and EPS. Do not submit files downloaded from the internet, because these are low resolution and will reproduce poorly in print. Include a signed consent/release form from the owner (includes photographs) or artist if different from author. Include signed consent/release forms from all identifiable individuals. If permission from subjects is not obtained, photographs will be cropped appropriately. For figures such as graphs, data points should be provided in a separate text file.

Figure Legends
Submit a legend for each figure; include spelled out abbreviations and any reprint permissions pertaining to the figure. All figure legends should be listed in consecutive order on a separate manuscript page following the references.

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Patient Descriptions and Photographs
Include a signed statement of informed consent to publish (in print and online) patient descriptions, photographs, and pedigrees from all persons (parents or legal guardians for minors) who can be identified in such written descriptions, photographs, or pedigrees. Such persons should be shown the manuscript before its submission.

Drug Names
Use generic names. The trade name of a particular drug may be cited in parentheses the first time it appears.

Units of Measurement
Physiological 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, 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
Use the full term for an acronym the first time that it is used, unless it is a standard unit of measure.

Checklist for Authors
Manuscripts should be submitted online via Editorial Manager, the *CCN* manuscript submission and review system, at www.editorialmanager.com/ccn. Editorial Manager will combine your submission into a single PDF file for purposes of blinded peer review. Your online manuscript submission should contain the following components:

❏ Cover letter (include name, mailing addresses, telephone number, and email address of the corresponding author and describe how your manuscript enhances *CCN*'s mission)

❏ *Critical Care Nurse* Submission and Publication Agreement signed by *each* author within the Editorial Manager system

❏ Title page

❏ Abstract

❏ Manuscript including references (be prepared to enter total word count excluding title, abstract, and references)

❏ De-identify author and institutional names in the manuscript

Submit the following if applicable:

❑ Table(s) (submit each table as a separate file in Word)

❑ Figure(s) (submit each figure as a separate file in EPS or TIFF format; submit in Word only if the figure was created in Word)

❑ Figure legend(s) (as part of the manuscript, following the references)

❑ Illustration(s)

❑ Permissions to publish identifiable persons in photographs and names of people in the Acknowledgments, copyrighted materials, and any material not belonging to author. Permissions to publish de-identified case study.

Revision Process

Most authors can anticipate at least 1 or more revisions following peer review.

- Please include a detailed "Response to Reviewers" document, summarizing how you addressed each individual comment when you submit your revision. A table or Word file can be used. If you use a Word document, please respond to feedback directly below individual reviewer comments using a different color font.
- All original reviewer comments must be included with your response.
- Clearly identify any changes in the revised version of the manuscript by highlighting or using a different color font. Avoid using track changes.
- A clean copy of the final revised version of the manuscript will also be submitted.
- Adhere to *CCN* author guidelines during the revision process, such as maximum page limits.

Authors will be asked to review PDFs of galley proofs and page proofs before publication. *Critical Care Nurse* cannot accept responsibility for lost materials; please keep a copy for your files.

Letters to the Editor

Letters to the Editor raising points of current interest or commenting on articles published in the journal are welcome. The editor reserves the right to accept, reject, or excerpt letters without changing the views expressed by the writer. The author of an original article often is given the opportunity to respond to published comments. Letters should be submitted via email (ccn@aacn.org).

The editor is also interested in letters addressing creative solutions and strategies for staffing, onboarding of new nurses, healthy work enivironments, loss of experienced nurses, training of new/less experienced preceptors, or maintaining quality patient outcomes despite staffing challenges.

In Our Unit

Articles submitted to the In Our Unit department should be emailed to the managing editor at rebecka.wulf@aacn.org. These papers should be no longer than 1000 words; they are subject to an in-house review process.

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