GUIDE FOR AUTHORS

INTRODUCTION

*Enfermería Intensiva* (Intensive Care Nursing) is a peer reviewed journal that publishes original research articles on nursing interventions on the critically ill patient (Intensive Care, semi-critical, Emergency Department, as well outside the hospital), not only in adults, but also in newborns, infants and children in their different healthcare environments. Its aim is to promote the improvement of knowledge by publishing original research and other works that could help nursing professionals improve their daily practice. This aim is also demonstrated in the different sections of the Journal: Editorials, Original Articles, Clinical Case, Literature Reviews, Letters to the Editor and Comments to research articles. The Journal accepts articles for review from multidisciplinary teams, made up mainly of nurses, intensive care physicians, anaesthetists, emergency care physicians, physiotherapists, nutritionists, and psychologists. *Enfermería Intensiva* is the official Journal of the Sociedad Española de Enfermería Intensiva y Unidades Coronarias (SEEIUC) and is indexed in Medline/PubMed and SCOPUS.

Types of article

**Editorials:** Reflections, criticisms or comments on novel or controversial topics related to practice, teaching, management or research of interest for the nursing professionals who work in the context of the critically ill patient. Editorials will be commissioned by the Journal Editorial Team.

**Original articles:** Research works or systematic reviews that deal with any aspect related to the care of the critically ill patient. They will be structured as follows: Introduction, Method, Results, and Discussion. The manuscript should have between 2000 and 7000 words, not counting the Abstract, the Acknowledgements, the literature references, Tables and Figures. A maximum of 6 Figures and 6 Tables may be submitted. An Abstract with the same manuscript language (optionally it will be sent in Spanish and English) will be included with the following structure: Objectives, Method, Results, Discussion and Conclusions, with a maximum of 300 words.

**Clinical cases:** Basically descriptive works of one or several cases of exceptional interest, either due to being uncommon, or for their unusual outcome, or for their contribution to the knowledge in the field of intensive care nursing (*Enfermería Intensiva*). It must not exceed 1500 words, not counting the Abstract/Resumen, the acknowledgements, the literature references, Tables and Figures. It will be structured as follows: Introduction, Description of the case (which will briefly include general data, the diagnostic tests performed, and the medical diagnosis), Assessment of the patient following a systematic and nurse oriented method (e.g., due to needs), Diagnoses (it is recommended to identify the Patient Diagnoses, Collaboration Problems or Potential Complications following any recognised taxonomy in nursing), Planning of care.
(NOC and NIC may be used), Discussion of the results, and Conclusions. Up to a maximum of 2 Tables and 2 Figures and 10 References will be accepted. It will also include an Abstract of 300 words with the same manuscript language (optionally it will be sent in Spanish and English), with the following structure: Assessment, Diagnoses, Planning, and Discussion.

**Literature Review:** it must contribute evidence to nursing clinical practice and in particular in the field of intensive care. They will be structured as follows: Introduction, Objective, methodology, Results, Discussion and Conclusions. The maximum length must be 3500 words, not counting the Abstract, the acknowledgements, the literature references, Tables and Figures. A maximum of 1 Figure and 3 Tables. An Abstract with the same manuscript language (optionally it will be sent in Spanish and English), will be included with the following structure: Objective, Method, Results, and Conclusions, with a maximum of 300 words.

**Letters to the Editor:** Formally acceptable scientific observations on the articles published in the Journal, will be published in this section. It is also a space for readers to send their comments on current issues, on any aspect related to the care of the critically ill patient that may be of interest for professionals. Length: must not exceed 700 words, a maximum of one Table and one Figure and 5 References.

**Comments to research articles:** In this section comments on relevant articles made by experts on the topic of the article, will be presented. The objective is to encourage critical reading of articles and collaborate in the clinical application of research results. The maximum length of the entire document (summary of the original article, commentary and bibliography) must be less than 2000 words.

**Other sections:** The Journal includes other sections such as, Developments, Technical Advances, references to articles on intensive care nursing published in other journals, Book reviews, Information from the Society of Intensive.

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• Include keywords
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Graphical Abstracts / Highlights files (where applicable)
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BEFORE YOU BEGIN

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If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans; Uniform Requirements for manuscripts submitted to Biomedical journals. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

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Declaration of interest
All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding.

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Authorship
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

Changes to authorship
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

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In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

Reporting clinical trials
Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment,
enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available online.

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Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

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First page: The following details will be given in this order:

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- The name and the two surnames (if applicable) joined by a hyphen (for identification purpose in the international indexes) of each one of the authors, along with their academic qualification, following the abbreviations described in the Style Manual of the American Medical Association, 9th edition, and their institutional affiliation (name of department, work centre or institution). The most common qualifications are Registered Nurse for authors who have a diploma/degree in nursing, MD for authors with a degree in medicine, Master of Science (MSc or Master of Science in Nursing (MSN), for those authors with the official title of Master, and Doctor of Philosophy (PhD), for those who have obtained the degree of Doctor by a university by Doctoral Thesis.

- Name and surnames, telephone number, e-mail address, and full postal address of the author to whom any correspondence should be sent.

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- The full title of the manuscript without the authors affiliations.

- Resumen/Abstract with the same manuscript language (optionally it will be sent in Spanish and English) and the keywords.

- The text, or body of the manuscript that includes the different sections depending on which section it is, and the literature references. The Tables will be included at the end of this document, if they are in text format. If not, they must be included in another document.

Tables: if they have a different format to the text.

Figures: always in a separate file.

STRUCTURE OF THE MANUSCRIPTS

Title: The full title of the manuscript must be concise but informative (it is recommended not to exceed 15 words). It must not include acronyms or abbreviations.

Abstract/Resumen and key words/palabras clave:

Manuscripts of Original Articles, Clinical Cases, and Literature Reviews must include an abstract/resumen that will not exceed 300 words.

In the Original Articles, this order will be followed: Objective/s, Method (design, population, sampling, information collection techniques/tools, analysis of the data), Results, the most important (if it is a quantitative study, it will mention the statistical significance), and Conclusions (1 or 2 arising from the results). It will not contain information that subsequently is not found in the manuscript. An Abstract with the same manuscript language (optionally it will be sent in Spanish and English) will be included.

In the Clinical Cases, this order will be followed: Introduction, Case description, Assessment of the person from a nursing perspective, Diagnoses (mention at least one nursing diagnosis and on potential complication or collaboration problem), Planning, mention general or NOC objectives and interventions/NIC (1 or 2 most relevant), and Discussion and Conclusions (1 or 2 arising from the results). It will not contain information that subsequently is not found in the manuscript. An Abstract with the same manuscript language (optionally it will be sent in Spanish and English) will be included.

In the Literature Reviews, this order will be followed: Introduction, Objectives and Methodology (the keywords and MESH terms used for the literature search must be indicated, as well as the search period and bases consulted, studies included/excluded and the reasons), Results (they must be presented objectively, without comments, and follow the order of the questions set out in the objectives of the study); Discussion (the interpretations must be based on the results, as well as to discuss the limitations of the review), and Conclusions. After each one of the Abstract, the authors must present between 3 and 12 keywords, directly associated with the subject presented in the manuscript. For the keywords in English, the Medical Subject Headings (MeSH) terms will be used; new terms may be used in the event that they are terms that have recently appeared and do not yet appear in MeSH. There is a version of MeSH in Spanish, known as DeCS (Descriptores en Ciencias de la Salud, Health Sciences Descriptors), and is available at

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- What is known/what it contributes. Include “What is known” (a paragraph of 40 words in which it will mention what is currently known about the subject studied), and “What it contributes” (a paragraph in which it will indicate the specific contribution of the work to the advancement of nursing knowledge). It will be presented after the Abstract/Resumen and on a single page.

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The text or body of the manuscript: The text of the manuscript for Original Articles will have the following sections

- Introduction: It will mention the issue to be resolved, the theoretical framework on which it is based, the background, the current situation, and the importance or implication that resolving it will have for the subjects of the study and the health system. It will end with the presentation of the objective/s and hypothesis, if applicable. Literature references will be the most up to data and relevant on the topic studied.

- Method: How the study has been carried out must be described in detail, with sufficient information so that other investigators can repeat it. Its contents will be determined by the objectives set out.

  Design: The type of study carried out will be mentioned, justifying, if necessary, the reasons for the choice.

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  Subjects: It will specify the characteristics of the population studied and the inclusion and exclusion criteria, how the sample size was calculated (if this is indicated), as well as the sampling technique.

  Variables: All the variables collected will be defined. If it is an experimental study, it must provide a detailed description of the intervention carried out on the experimental and control group, as well as the follow-up period. If it is a qualitative study, the dimensions of the phenomenon or event will be described.

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  Analysis of the data: The statistical analyses performed will be described (in qualitative studies, it will describe the type of qualitative analysis performed, as well as its stages), and it will
mention the computer program used.

Ethical Responsibilities: The authors must mention that the procedures used in patients and controls were performed after having obtained informed consent, as well as the Ethical Committee approval.

- Results: The results should correspond exactly to the objectives set out. It should not include any evaluation, interpretation or comment of the results obtained. The results will be presented in the text, Tables and Figures, following a logical sequence. It will start with a description of the study subjects (indicating the total number, their characteristics, and losses, if there are any). It will continue with the descriptive analysis of the most important variables, using frequencies and percentages for the qualitative variables and means and standard deviations for the quantitative ones when they follow a normal distribution. The corresponding confidence intervals will also be indicated. If there is more than one study group, each one should be described, and indicate the comparisons between the groups in terms of statistical significance and magnitude of the difference and, above all, in terms of clinical relevance (this presentation will vary if it is a qualitative study).

The content shown in the Tables and Figures should not be presented entirely in the text, but the most relevant. The Tables and Figures should be sufficiently clear as to be able to interpret the data without the need to refer to the text. If abbreviations or acronyms are used, they must be explained in the Table or Figure footnote.

Finally, the results of the inferential statistics tests that are presented must be accompanied by the statistical value and the statistical significance \( (P) \) value, and confidence interval (when required). To indicate the \( P \) value, is advisable not to use more than 3 decimals \( (P=.002) \); thus, a value of \( P=.000001 \) may be expressed as \( P<.001 \).

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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure

Subdivision - unnumbered sections
Divide your article into clearly defined sections. Each subsection is given a brief heading (Introduction, Method, Results, Discussion and Conclusions). Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.
Introduction
State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Method
Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

Results
Results should be clear and concise.

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This should explore the significance of the results of the work, not repeat them. Avoid extensive citations and discussion of published literature.

Conclusions
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

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.

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Structured abstract
A structured abstract, by means of appropriate headings, should provide the context or
background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

The headings will consist of: «Objectives», «Method», «Results» an «Conclusions».

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Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. You can view Example Graphical Abstracts on our information site.

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**Keywords**
Immediately after the abstract, provide a maximum of 6 keywords, using British spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes, so it is recommended to use the MeSh terms.

**Abbreviations**
Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

**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.).

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