GUIDE FOR AUTHORS

INTRODUCTION

“Revista Española de Anestesiología y Reanimación” (REDAR) is the scientific publication of the Sociedad Española de Anestesiología, Reanimación y Terapéutica del Dolor (SEDAR) (Spanish Society of Anaesthesiology, Resuscitation and Pain Relief).

REDAR, a monthly journal (10 issues), will consider for publication original scientific studies in relation to clinical anesthesia, resuscitation, critical/intensive care, the treatment of acute and chronic pain and emergency care.

All scientific contributions will be subject to an external anonymous peer review process (double blind). REDAR publishes mostly original scientific studies with clinical and experimental content, reviews, and consensus documents. Clinical cases, opinion articles and any other information of interest to specialists may also be published. The journal accepts work in both Spanish and English. The Journal is indexed in MEDLINE/PubMed, EMBASE, and SCOPUS.

Types of article

Originals. Clinical research, or experimental work on animals, or basic sciences associated with any aspect of the field of the specialty (see “General Aspects”), with the following sections: Abstract, Introduction, Material and methods, Results, and Discussion. The length of the text will be limited to 12 DIN-A4 pages including a structured Abstract of 250 words, the Key Words, and up to a maximum of 30 literature references. Besides the text, up to 6 Figures or Tables will be accepted. A maximum of 6 will be allowed, except where justified. Retrospective, descriptive works that do not include the statistical treatment of the results will not be accepted. Clinical trials must be registered in a public database before they take place and patients are recruited, following approval by the institutional or regional Clinical Research Ethics Committee (CEIC). The registration number and data base in which they are registered must be supplied. It will be obligatory for all clinical trials which start to recruit patients after 1 January 2017 to be registered in a public data base. Trials which recruited patients previously may still be sent to the REDAR for evaluation.

When preparing controlled clinical trials, the CONSORT standards must be followed, which are available at http://www.consort-statement.org/. For observational studies, the points listed in the checklist available at http://www.strobe-statement.org/ must be followed. Studies on the validity of diagnostic tests must follow the STARD standards available at http://www.stard-statement.org/.

Short Originals. Research works that due to their characteristics can be published in a shorter form. They will have the same structure as Originals, and will have a maximum length of 5 DIN-
A4 pages including the structured abstract of 250 words, the Key Words, and up to a maximum of 15 literature references. As well as the text, up to 4 Figures or Tables will be accepted. A maximum of 6 authors will be permitted (see the “Originals” section above).

Clinical cases. Description of one or more clinical cases of special interest which make an important contribution the knowledge of the pathophysiology or other aspects of the anesthetic-surgical process or the critical patient. The maximum length of the text will be 1,750 words on 5 DIN-A4, including an unstructured abstract of 150 words and a maximum of 10 literature references. The structure of these articles will be the same as that of the Originals (Abstract, Introduction, Clinical Case or Cases, and Discussion, and up to a maximum of 4 Tables and/ or Figures may be included. The recommended number of authors is 4, although a maximum of 6 will be allowed.

Continuing Education. Spontaneous or commissioned updates on any aspect of Anesthesiology, Resuscitation - Critical Care, Pain Treatment, etc. with the following structure: Abstract, Introduction, Development and Conclusions. The maximum length of text will be 15 DIN-A4 pages, which will include an unstructured abstract of 150 word and its Spanish version (resumen), plus their corresponding palabras clave /key words. Up to a maximum of 50 literature references will be allowed. It is advisable that the number of signing authors does not exceed 3. Up to 5 Figures or Tables will be allowed. Also a questionnaire of five questions with five possible responses, (with only one being true and with its corresponding explanation) must be provided. It is recommended to contact the Editor in advance if this type of work is going to be submitted.

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spontaneously in any of these sections should previously consult the Editor or Editors associated with the Journal. The maximum number of authors will be two for Editorials, and four for Special Articles (except or colegiate authorship).

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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.

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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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**Article structure**

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Divide your article into clearly defined sections. Each subsection is given a brief heading. 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.

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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.

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Results should be clear and concise.

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This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

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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.

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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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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.

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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.

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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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