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 in 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 data base 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-
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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 collegiate 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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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
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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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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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