

Guide for authors

INTRODUCTION

MEDICINA INTENSIVA will consider for publication those works based on topics related to the practice of intensive medicine, medical emergencies, and critical care medicine in coronary units. Manuscripts will be evaluated for publication if they meet the following requirements: the material is original, presentation is clear, the methodology of the study is appropriate, the results are valid, the conclusions are reasonable, and the information is relevant. MEDICINA INTENSIVA complies with the guidelines of the *International Committee of Medical Journal Editors: Uniform requirements for manuscripts submitted to biomedical journals*. If the authors have further questions that are not answered within these instructions, they should refer to <http://www.icmje.org>.

Types of articles, sections

The MEDICINA INTENSIVA journal is comprised of the following sections:

Original Articles. This category includes randomised clinical trials, cohort studies, studies on screening or diagnostic tests, cost-effective analyses, meta-analyses, systematic reviews, decision-making evaluation studies, other interventionist studies, case-control studies, and studies based on questionnaires that have received a high response rate. This section will include clinical articles as well as animal research or experimental studies. The maximum length of the text must not exceed 4,000 words (excluding the Resumen/Abstract, Tables and References). The information that cannot be included in the manuscript due to this word count limit can be published as electronic supplementary material (ESM), which has no length limitations. The maximum allowed literature references is 40. Up to 6 Figures and 6 Tables will be admitted. In multicentre studies, the number of authors will be limited to 12; the rest will appear at the end of the article. The total number of Tables and Figures will not exceed 6. The length of the structured Resumen/Abstract will be 250 words.

Review Articles. These articles present updates on a specific topic in the field of intensive care medicine. Reviews will preferably be commissioned by the Editorial Committee, although those proposed by collaborators may be accepted. Thus, before submitting the manuscript, the authors should always contact the Editorial Committee in order to propose the review article in question, at which time it will be determined whether the journal would be interested in its publication. The maximum length of the text will not exceed 5,000 words (excluding the Resumen/Abstract, Tables and References). The maximum number of literature references permitted is 80. Authors may also make use of the ESM for more extensive information that cannot be included in the print edition due to the Word count limitations. Up to 6 Figures and 6 Tables will be allowed. It is recommended to include one or several figures in this type of manuscripts. The number of authors will be limited to 4. The Resumen/Abstract will not be structured, but it must provide information on its content, with a length limit of 150 words.

Special Articles. This section includes articles written by scientific societies, workgroups or groups of experts (clinical practice guidelines, consensus conferences, systematic reviews, etc.) that review a topic of current interest in intensive care medicine. Other publications include articles sent by renowned experts that analyse current social aspects or those of special interest for our speciality. The maximum length must not exceed 5,000 words (excluding

the Resumen/Abstract, Tables and References). The maximum number of references permitted is 80. Up to 4 Tables and 4 Figures will be allowed. It must include an unstructured Abstract in English (and a Resumen in Spanish) of approximately 150 words.

Updates. Reviews commissioned by the Editorial Committee of MEDICINA INTENSIVA are included in this section and will be part of a series that will review in detail current topics in intensive care medicine in successive issues of the journal. The maximum length must not exceed 5,000 words (excluding the Resumen/Abstract, Tables and References). The maximum number of literature references permitted is 80. The ESM may be used for information that cannot be included in the print edition due to the word count limit. Up to include always 6 Tables and 6 Figures will be allowed. It is recommended to include always one or several figures in this type of manuscripts. The number of authors is limited to 4. It must include an unstructured Abstract in English (and a Resumen in Spanish) of approximately 150 words.

Points of View. The articles included in this section are those in which an opinion is expressed about a controversial topic in the field of intensive care medicine. Points of View will preferably be commissioned by the Editorial Committee, although those proposed by collaborators may be accepted. Thus, before submitting the manuscript, the authors should always contact the Editorial Committee in order to propose the Point of View article in question, at which time it will be determined whether the journal would be interested in its publication. The maximum length of the text must not exceed 1,000 words (excluding Tables and References). The maximum number of references allowed will be 10, and up to 2 Tables and one Figure. The number of authors is limited to 2. It will not have a Resumen /Abstract.

Editorials. Included in this section are works in which the author/s discuss and analyse an Original published in the Journal. The Editorials will always be commissioned by the Editorial Committee. Also included in this section will be articles that summarise the view of a current topic by the Editorial Committee of MEDICINA INTENSIVA or the Board of Directors of *Sociedad Española de Medicina Intensiva, Crítica y Unidades Coronarias* (SEMICYUC). The maximum length of the text must not exceed 1,000 words (excluding the bibliography). The maximum number of references allowed is 10 and one Table or Figure will be admitted. The number of authors will be limited to 2. It will not include a Resumen or Abstract.

Scientific letters. A description of one or several clinical cases in which are described new aspects or important added value on the pathophysiology of the disease, its diagnosis or treatment. The maximum length of the text must not exceed 1,000 words, and the text will not be structured into sections. Up to 2 Figures or Tables will be allowed. The number of signatories must not be greater than 6, and the number of literature references is limited to 10. Scientific Letters will not have a Resumen/Abstract.

Letters to the editor. In this open section, objections or comments related to articles recently published in the Journal, and possibly on relevant articles published in other journals of special interest for intensive medicine, or comments on topics of importance associated with the speciality. Letters to the Editor sent to Medicina Intensiva must refer to articles published within the two previous months at most. The maximum length of the text must not exceed 500 words, and up to 5 literature references will be allowed. There

must be no more than four signing authors. Those Letters to the Editor that deal with articles previously published in the Journal will have the right to reply. They will be submitted to the author of the original work, who will be able to reply in a letter of the same length within a period of one month. The Editorial Committee will try to publish the Letter to the Editor and the reply together.

Images in Intensive Medicine. This section will publish all types of images that are demonstrative and contain a teaching message by themselves. They must be accompanied by a text of less than 10 lines. Whenever possible, the image should include graphic aids (arrows, asterisks). The number of signing authors will be limited to 3, and the image must be of sufficient graphical quality (minimum resolution of 300 dots per inch (dpi)). No abstract or references are allowed.

BEFORE YOU BEGIN

Ethics in publishing

For information on Ethics in publishing and Ethical guidelines for journal publication see <http://www.elsevier.com/publishingethics> and <http://www.elsevier.com/journal-authors/ethics>.

Human and animal rights

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, <http://www.wma.net/en/30publications/10policies/b3/index.html>; Uniform Requirements for manuscripts submitted to Biomedical journals, <http://www.icmje.org>. 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.

All animal experiments should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, the European Communities Council Directive of 24 November 1986 (86/609/EEC) or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed.

Conflict of interest

In all sections, 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. If there are no conflicts of interest then please state this: 'Conflicts of interest: none'. See also <http://www.elsevier.com/conflictsofinterest>. Further information and an example of a Conflict of Interest form can be found at: http://service.elsevier.com/app/answers/detail/a_id/286/supporthub/publishing.

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Contributors

Each author is required to declare his or her individual contribution to the article: all authors must have materially participated in the

research and/or article preparation, so roles for all authors should be described. The statement that all authors have approved the final article should be true and included in the disclosure.

Authorship

All authors must have made substantial contributions for all of the following: (1) the conception and design, acquisition of data, or analysis and interpretation of data; (2) drafted the article or reviewed it critically for important intellectual content; and (3) given final approval of the version to be published.

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.

Clinical trial results

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.

Registration of clinical trials

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 (ICMJE, <http://www.icmje.org>) 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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PREPARATION

Use of word processing software

It is important that the file be saved in the native format of the word processor used. Number the pages in the upper part. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier: <http://www.elsevier.com/guidepublication>). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

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

LETTER OF PRESENTATION

It is required for all manuscripts to be accompanied by a letter of presentation in the Elsevier Editorial System (EES), indicating: 1) the section of the journal for which the paper is being submitted; 2) an explanation (max. one paragraph) of the original contribution and relevance of the article to the field of medicine; 3) a declaration that author instructions were followed and ethical responsibilities complied with; 4) if part of the article has been previously submitted for assessment to another journal or had been previously published (redundant or duplicated publication), the details should be specified, and it is necessary to declare whether permission for publication has been granted by the author(s) or Editor.

The authors may propose a maximum of three people whom they consider qualified to conduct a critical review of the manuscript. The suggested reviewers should not have collaborated with the authors in the previous three years, nor should they have contributed substantially to the current manuscript. These suggestions can be made through the EES in the **Suggest Reviewers** section.

MEDICINA INTENSIVA operates under a double-blind peer-review process, which means that both authors as well as reviewers are anonymous during the review process

(<http://www.elsevier.com/reviewers/peer-review>). We therefore ask that the following information be included on a cover page that is independent from the rest of the manuscript: title, names and affiliations of the authors, complete address and e-mail address of the corresponding author. The body of the manuscript, as well as figure, tables, references and acknowledgements, should not include any type of author identification.

Article structure

Each part of the manuscript should start on a new page, in the following order: title on the first page, together with the information specified in the previous section, then the text, references, figure and table legends. The figures (diagrams, photos, algorithms) should be attached as independent files through the EES in the **Attach Files** section.

Essential title page information

Title and Título. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. The Title must be given in Spanish and in English. **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author. **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. **Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.** **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes. **Word count.** It is important to include the word count, indicate the number of words in the abstract in Spanish and English and the number of words in the main text (excluding the abstract, references, tables, and figure legends)

Abstract and Resumen. A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself. The Abstract must be included in Spanish and in English.

Structured abstract.

Original abstracts will include an Abstract of 250 words of extension, structured in the following sections:

Objective: It will state the reason for the study that will be evaluated or the hypothesis that is established.

Design: the basic design of the study will be described, including the study period and follow-up period. The following terms should be used:

- *For interventionist studies:* clinical trial with randomised distribution; clinical trial with non-randomised distribution; double blind; placebo controlled; crossover design.
- *For studies on diagnostic tests:* reference standard (this is a widely accepted test with which the new or alternative diagnostic test will be compared); this term is preferable to the "gold Standard" or "gold pattern"; blind comparison; validation population.
- *For prognostic studies:* starting cohort (subjects collected at an early stage of the study disease or process that are subsequently followed-up), cohort (subjects observed in a long-term follow-up but do not necessarily have a common starting point); validation cohort or validation sample in clinical prediction model studies.
- *For association or causality studies:* clinical trial with randomised distribution; prospective cohort study; case control studies.
- *For the description of clinical signs and symptoms or diseases:* case series.
- *For financial evaluation studies:* cost-effectiveness analysis; cost-benefit analysis.

Setting. The setting in which the study has been carried out will be mentioned so that the readers may determine the applicability of the results to their particular work environment.

Patients or participants. The selection criteria must be described, as well as the demographic characteristics of the study subjects, the number of eligible subjects and the number of participating subjects. In case control studies the characteristics used for matching must be specified. In follow-up studies, it must state the proportion of participants that completed the study. In interventionist studies, it must mention the number of patients in whom the intervention was stopped due to the appearance of adverse effects. In prognostic studies, it will mention the percentage losses. The following terms must be employed when referring to the selection process: random sample; consecutive sample; volunteer sample.

Interventions. The essential aspects of each intervention and its duration will be mentioned.

Main variables of interest. It must mention what were the main variables of interest, as were established before starting collecting the data.

Results. A quantitative estimation of the main study variables must be presented, including the confidence intervals (for example, 95%). In comparative studies, mention must be made of the confidence intervals for the differences between the groups studied. In the event that the main variables of interest are subjective measurements, it must state whether the observers knew the group to which each patient had been assigned. All clinical trials with a random distribution must present the results in accordance with the analysis by intention to treat (the patients are analysed in the group to which they were randomly assigned). All questionnaire-type studies must mention the response rate. Diagnostic tests studies must report the sensitivity, the specificity and the likelihood ratio. If the predictive value is presented, it must also mention the prevalence or pre-test probability.

Conclusions. Conclusions must only be presented that are based directly on the results and the implications for clinical practice, avoiding speculation and excessive generalisation.

Non-Structured abstract. In the **Reviews, Special Articles and Updates**, the abstracts will not be structured but should be equally informative about the content and should have an approximate length of 150 words.

Keywords: Immediately after the abstract, provide 3 to 10 keywords, using British spelling, to identify the content of the study for its inclusion in national and international biomedical databases. Terms should be used from the Medical Subject Headings of the Index Medicus, available at: <http://www.nlm.nih.gov/mesh/meshhome.html>. If no adequate terms are found within the MeSH because of its recent development, commonly used terms can be utilised. Only abbreviations that have been firmly established in the field are suitable. These keywords will be used for indexing purposes. Keywords must be included in English and Spanish

Other: The authors should declare any total or partial funding of the study, any grant or other financial support and the existence of any conflicts of interests of any of the authors, regardless of whether it has already been mentioned in the **Additional Information** section. When mention is to be made of any persons, hospitals or entities that may have collaborated with the study, without being considered authors, it should be included in this section. The authors are responsible for obtaining the necessary permission from the persons or entities names, as the readers could infer their support of the data and the conclusions of the study.

Abbreviations

Only commonly used abbreviations in the field of intensive care medicine will be accepted. The authors should avoid the use of abbreviations in the title and in the summary of the paper. When an abbreviation first appears in the paper, it should be preceded by the complete defining term, except in the case of common units

of measure. Units of measure should preferably be expressed in accordance with the International System of Units. Chemical, physical, biological and clinical units should always be defined.

Contribution of the Authors

In the case of Original Articles, the contribution of each of the authors should be explained in detail at the end of the manuscript on a separate page.

Acknowledgements

The acknowledgements should be contained in a separate section after the Contribution of the Authors and before the bibliographic References. Acknowledgements should not be made in any other part of the article. Include persons who have collaborated on the article (for instance, reviewing the final version or translation) but do not meet criteria to be considered authors.

Units

Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

Text

The text should be divided into sections. Original articles will have the following headings: Introduction, Patients and Methods, Results and Discussion. Especially complex articles can include subsections to aid in the comprehension of the information.

Introduction. The introduction should be clear and concise while establishing the purpose of the study and reasonably summarising the current situation of the topic to be discussed. The introduction should prepare the reader to comprehend the text that follows. It should not be a review of the topic itself, nor a hurried discussion. It should finish with a clear and specific description of the study objectives.

Patients and Methods. This section should provide sufficient details so that a specific experience can be reproduced based on the information given. It should indicate the hospital where the experiment or research has been conducted, its duration, characteristics of the series studied, selection criteria used, variables of interest (primary and secondary) and the techniques used (devices used with name and city of manufacturer in parentheses), drugs used with generic name, dose and means of administration). If the methods or procedures are widely used and well known, the corresponding bibliographic reference should be provided to avoid a detailed description. In the case of clinical trials with randomised distribution, randomisation methods should be explained and it should be stated whether the random assignment was blinded. The statistical methods used should be appropriately described.

Results. The findings should be quantified and presented with the appropriate indicators for error or uncertainty (such as confidence intervals). This section should state, but not discuss, the observations made of the patients and the method used, in logical sequence. The results can be expressed in detail in the text or rather in the form of tables and figures, but unnecessary repetitions should be avoided of the results shown in the tables and figures. Manuscripts that present results of a clinical trial of parallel groups with random distribution should include the CONSORT flowchart (<http://www.consort-statement.org/>), which illustrates the distribution and patient progress throughout the study. Manuscripts that present reports about systematic reviews or meta-analyses will follow the guidelines from the PRISMA declaration (<http://www.prisma-statement.org/>). The manuscripts that assess the utility of diagnostic tests should follow the STARD format (<http://www.consort-statement.org/stardstatement.htm>).

Discussion. The authors should expand on their own opinion about the topic without repeating data provided in the Introduction or Results. This section should include the following aspects: a) the most relevant findings; b) the practical application of the results; c) the possible methodological limitations and the reasons for which the results are valid; d) the correlation with similar publications and

the analysis of the similarities and differences with the findings of other authors; and e) the indications and suggestions for further research, providing new hypotheses when justified, and clearly stating them as such. It is not necessary to include conclusions; these should be exclusively derived from the study.

References

These will be presented in Arabic numerals in the order in which they appear in the text with the corresponding correlating number in parentheses. When authors are mentioned in the text, their names will be included if there are one or two. When there are more, only the first author will be named, followed by the expression *et al.*, and, in both cases, the corresponding reference citation number. Original articles that have been accepted but still have not been published can be included as references, with the name of the journal, followed by [In press] between brackets. The bibliographic citations should be correctly written and the original publication should always be verified. The names of the journals should be abbreviated in accordance with the style used in the Index Medicus, also available at <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=journals>. The citations will be written by strictly following the Vancouver Citation Style Guide (Med Intensiva. 1998;22:110–8), also available at <http://www.icmje.org/>. The following are examples of bibliographic citation formats:

Reference to a journal publication

1) Ordinary article

The names of all the authors will be stated if there are six or less; if there are seven or more, the names of the first six should appear, followed by the expression *et al.*

Schiffli H, Lang SM, Fischer R. Daily hemodialysis and the outcome of acute renal failure. *N Engl J Med.* 2002;346:305–10.

Bernard GR, Vincent JL, Laterre PF, La Rosa SP, Dhainaut JF, López-Rodríguez A, et al. Efficacy and safety of recombinant human activated protein C for severe sepsis. *N Engl J Med.* 2001;344: 699–709.

Article in electronic journal:

Cannesson M, Ramsingh D, Rinehart J, Demirjian A, Vu T, Vakharia S, et al. Perioperative goal-directed therapy and postoperative outcomes in patients undergoing high-risk abdominal surgery: a historical-prospective, comparative effectiveness study. *Crit Care.* 2015; 19:261. doi: 10.1186/s13054-015-0945-2.

2) Study published by a corporation (author is not specified)

Books and other monographs

1) Personal authors

West JB. Ventilation/blood flow and gas exchange. Oxford: Blackwell Scientific Publications; 1977.

2) Corporative author

American Medical Association Department of Drugs. AMA Drug evaluations. 3th ed. Littleton: Publishing Sciences Group; 1977.

3) Editors or compilers as authors

Sackett DL, Straus SE, Richardson WS, Rosenberg W, Haynes RB, editors. Evidence-based medicine. How to practice and teach EBM. 2nd ed. Edinburgh: Churchill Livingstone; 2000.

4) Chapter of a book

Chastre J, Fagon JY. Ventilator-associated pneumonia. En: Hall JB, Schmidt GA, Wood LDH, editors. Principles of critical care. 2nd ed. New York: McGraw-Hill; 1998. p. 617–52.

Web references

As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

Figure captions

These should be prepared with double space and on separate pages. Figure legends and captions should contain sufficient information to be able to interpret the data presented without the need to refer to the text. For explanatory notes under a figure, lower-case letters should be used in superscript and in alphabetical order (a, b). They will succinctly explain the content of the illustration, as well as the meaning of the signs, arrows, numbers and abbreviations there may be. Histology images should specify the magnification and staining method.

Tables

One table should be presented per page. Each table should be numbered with Arabic numbers and headed by the corresponding title. Tables should be cited in the text in consecutive order. All signs and abbreviations will always be accompanied by an explanatory footnote at the bottom of the table. Likewise, statistical methods will be specifically identified. When a statistical method has been applied, the level of significance will be indicated at the bottom of the table, if not already included in the text of the table. The tables should preferably be presented in Word format and in the file of the manuscript.

Figures

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