



Enfermería Intensiva

AUTHORS INFORMATION PACK

GUIDE FOR AUTHORS

INTRODUCTION

Enfermería Intensiva (Intensive Care Nursing) is a peer-reviewed scientific journal that contributes to the advancement of evidence-based nursing by disseminating high-quality research and studies relevant to the care of the critical pediatric and / or adult patient in their different care settings and care: intensive care units, semi-critical, urgencies and emergencies, as well as out-of-hospital setting.

This journal includes Editorials, Original Articles, Clinical Cases, Reviews, Letters to the editor and Comments on research articles. Multidisciplinary manuscripts are accepted in which nurses, doctors (intensivists, anesthetists and emergency physicians), physiotherapists, nutritionists and psychologists participate mainly.

Nursing Intensive is the scientific platform of the Spanish Society of Intensive Nursing and Coronary Units (SEEIUC) and is included in Index Medicus / Medline, CINAHL, Index de Enfermería, International Nursing Index, Índice Médico Español, Cuiden, Bibliomed, SCOPUS, Emerging Sources Citation Index (ESCI).

Types of article

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

Original articles: Research works 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 a maximum of 3,000 words for quantitative studies and 6,000 words for qualitative studies, not counting the Abstract, the Acknowledgements, the literature references, Tables and Figures. A maximum of 4 Figures and 4 Tables may be submitted. An Abstract in spanish and english will be included with the following structure: Introduction, 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 in spanish and english, with the following structure: Assessment, Diagnoses, Planning,

and Discussion.

Systematics Reviews, Scoping Reviews and other Reviews: 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 5,000 words, not counting the Abstract, the acknowledgements, the literature references, Tables and Figures. A maximum of 1 Figure and 3 Tables. An Abstract in spanish and english, will be included with the following structure: Introduction, Objective, Methodology, Results, and Conclusions, with a maximum of 300 words.

Letters to the Editor: Formally acceptable scientific observations and critical analysis 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 2,000 words.

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Language

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You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:

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All necessary files have been uploaded:

Manuscript:

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
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Graphical Abstracts / Highlights files (where applicable)

Supplemental files (where applicable)

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa

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- A competing interests statement is provided, even if the authors have no competing interests to declare
- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

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BEFORE YOU BEGIN

Ethics in publishing

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Use the term "sex" when referring to male or female sexual differentiation and "gender" when referring to the social construct.

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 competing interest

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Sex and gender reporting

Reporting guidance

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the [SSex and Gender Equity in Research \(SAGER\) guidelines](#) and the [S SAGER guidelines checklist](#). These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

Definitions

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the [Sresources on this page](#) offer further insight around sex and gender in research studies.

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.

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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

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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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- Acknowledgements: this is used to recognise the help of persons or institutions that may have contributed to the development of the work, but cannot be considered as authors.

(see also "Essential title page information")

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- 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.

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Abstract/Resumen and key words/palabras clave:

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

In the *Original Articles*, this order will be followed: *Introduction*, *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 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 will be included.

In *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 <http://decs.bvs.br/E/homepagee.htm>.

In a separate file from the body of the manuscript (a separate file will be created) for original articles and reviews

- **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

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

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Data collection: The exact form on how the data was collected will be detailed (who collected them, the tools used, indicating if they are validated, and the corresponding literature reference/s). When it is a review article, it should contain a section in which it describes the

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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).

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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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Bibliography: The adaption of the literature references to the Vancouver Rules and their accuracy are the responsibility of the authors. These will be presented in the order that they appear in the text with the corresponding consecutive numbering.

The reference number will always be shown in the text in superscript Arabic numbers, whether or not accompanied by the names of the authors. When these are mentioned, and if it is a work performed by two, both will be mentioned and, if there are several, it will mention the first six followed by the expression, "et al".

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Whenever possible, the inclusion of unpublished observations and personal communications should be avoided, except when these may provide essential unpublished information, in which case the name of the person and the date of the communication is quoted in the text between parentheses. Originals accepted, but still not published, may be included in the literature references as “in press” specifying the name of the journal, followed by in print (between parentheses). The names of the Journals must be abbreviated in accordance with the style used in *Index Medicus*: for this consult the “*List of Journals Indexed*” which is included every year in the January edition of *Index Medicus*. The Collective Catalogue (called c17) of periodic publications of Spanish Health Sciences libraries (*Catálogo colectivo de publicaciones periódicas de las bibliotecas de ciencias de la salud españolas*) may also be consulted, (<http://www.c17.net/>). If a journal is not included in *Index Medicus* or c17, the full name will have to be written.

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