AUTHOR GUIDELINES

JOURNAL OF PEDIATRIC CRITICAL CARE (JPCC)

Journal of Pediatric Critical Care (JPCC) is an international, peer reviewed, online and print journal published Bimonthly (January, March, May, July, September, and November) by IAP intensive care chapter. Journal's full text is available at http://www.jpcc.in. Journal allows free access (open access) to its contents; therefore, authors are to self-archive the final accepted version of the article.

COPYRIGHT:
Submissions considered for publication in JPCC are received on the understanding that they have not been accepted for publication elsewhere and that all of the authors agree to the submission. The journal requires approval of manuscript submission by all authors. A cover letter signed by all authors constitutes submission approval. Manuscripts will not receive a final decision until a completed Copyright Status Form has been received. As soon as the article is published, the author is to have considered transferred his right to the publisher. This transfer will ensure the widest possible dissemination of information. All concepts, ideas, comments, manuscripts, illustrations, and all other materials disclosed or offered to the IAP intensive care chapter on or in connection with this Journal are submitted without any restrictions or expectation of confidentiality. The IAP intensive care chapter shall have no financial or other obligations to you when you do not submit such information, nor shall you assert any proprietary or moral right of any kind with respect to such submissions. The IAP intensive care chapter shall have the right to use, publish, reproduce, transmit, download, upload post, display or otherwise distribute your submissions in any manner without notice or compensation to you.

UNAUTHORIZED USE:
The copyright of all accepted and published manuscripts lies with JPCC; these cannot be reproduced elsewhere or distributed in any form, in whole or part, without the written permission from the Editor-in-Chief. Mass photocopying of published article would also amount to copyright violation. The name, logo, thumbnail, cover design or contents of JPCC cannot be used to promote commercial goods, in any form, without prior permission. Unauthorized use will attract penalty and/or legal action.

ETHICS, INFORMED CONSENT AND PATIENT ANONYMITY
Investigations on human subjects should conform to accepted ethical standards. Fully informed consent should be obtained and noted in the manuscript. For all manuscripts dealing with experimental work involving human subjects, specify that informed consent was obtained following a full explanation of the procedure(s) undertaken, and if requested by the journal's editorial board, the authors should produce the copy of ethical clearance. Patients should be referred to by number; do not use real names or initials. Also
the design of special scientific research in human diseases or of animal experiments should be approved by the ethical committee of the institution or conform to guidelines on animal care and use currently applied in the country of origin. It is the author's responsibility to ensure patient's anonymity. In images or illustrations, patient’s eyes should be masked. However, if the eye area is the focus of illustration, patient's nose and mouth should be masked and written consent must be obtained from the patients/legal guardian. Patients’ names should be removed from the figures, radiographs, and CT scans, unless written consent is obtained.

DUPLICATE SUBMISSION AND PLAGIARISM:

Manuscripts are considered with the understanding that they have not been published previously in print or electronic format and are not under consideration by another publication or electronic medium. The authors should alert the editor if the work includes participants about which a previous report has been published. A paper submitted to the JPCC should not overlap by more than 10% with previously published work, or work submitted elsewhere. If in doubt, authors may submit copies of earlier published work or material submitted elsewhere to the editorial board of JPCC to take the decision. If plagiarism or duplicate publication is detected, authors should expect prompt rejection/retraction and editorial board’s action such as barring the author from submitting articles in future, notification in the journal/website, and informing the authors’ institute or other medical editors. A previously rejected article should not be resubmitted again under the original or modified title, especially if the content remains substantially same. Authors should provide full information regarding previous submission, if any.

PREVIOUS PUBLICATION:

JPCC would not publish material that has already appeared elsewhere; but could consider papers that have been published as abstracts or have been partially reported by the media at scientific meetings.

EMBARGO POLICY:

Authors need to maintain confidentiality of contents of their manuscript, once accepted for publication. Information contained in or about the accepted articles should not be released in print/electronic form to any individual/media/agency, till the manuscript is published in JPCC.

THE EDITORIAL PROCESS

All manuscripts submitted to the journal must be original contributions submitted to JPCC alone, must not be previously published, already accepted for publication, or under consideration for publication elsewhere. After acceptance in the journal, the manuscript must not be published elsewhere in any form, without prior permission of the editor-in-chief or publisher. All the manuscript submitted to the JPCC receives individual identification code and would initially be reviewed by the editors for suitability for publication. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are returned back before proceeding for formal peer-review. Manuscripts found suitable for publication are sent to two or more expert reviewers for peer-review. The selection of these reviewers is at the sole discretion of the editor.

The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other’s identity. After receiving the reviewer’s report/comments, the report will be communicated to the authors for possible corrections. Authors will be directed to submit revised manuscript within the time limit, along with a point by point response to reviewers’ comments. We ensure speedy publication of the submitted articles and target to finish the initial review process within 8 weeks. However, this time period can change depending upon the quality of the manuscript submitted, reviewer’s response and time taken by the authors to submit the revised manuscript.
ARTICLE PROOFS AND REPRINTS:

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Proofs are sent to the corresponding author, together with a reprint order form approximately 2 weeks prior to the publication. Authors should retain a copy of the original manuscript. Only printer’s errors may be corrected; no changes in, or additions to, the edited manuscript will be allowed at this stage, unless in reply to specific editorial queries or requests. Corrected proofs must be returned within 48 hours of receipt, preferably by e-mail or fax. If the publisher has not received a reply after this period, the assumption will be made that there are no errors to correct, and the article will be published after in-house correction. The reprint order form (with number of reprints requested, invoice and delivery address) should be returned with the corrected proof. Reprints may be ordered prior to publication on the form provided. The designated reviewing author will be responsible for ordering reprints for all authors. Reprints ordered after publication of the journal can be ordered at increased cost by special arrangement. The publisher (IOS press) will provide to authors with a free watermarked PDF file of their article.

AUTHORSHIP CRITERIA:
All the authors should have substantial contributions to each of the following three components: 1. Concept and design of study or acquisition of data or analysis and interpretation of data; 2. Drafting the article or revising it critically for important intellectual content; and 3. Final approval of the version to be published. Participation solely in the acquisition of funding or the collection of data does not justify authorship as the general supervision of the research group.

CONTRIBUTION DETAILS:
Authors should provide a description of contributions made by each of them towards the manuscript. At least one author should take the responsibility for the integrity of the work and should be designated as 'guarantor'. Authors' contributions will be published along with the article.

CONFLICTS OF INTEREST/ COMPETING INTERESTS:
All authors must disclose any conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented.

COPIES OF ANY PERMISSION(S):
It is the responsibility of authors/contributors to obtain permissions for reproducing any copyrighted material. A copy of the permission obtained must accompany the manuscript.

CLINICAL TRIAL REGISTRY:

PREPARATION OF MANUSCRIPT:
Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2006). Manuscript should be typewritten in 12 font size using Times New Roman font, with margins of at least one inch on all sides. Pages should be numbered consecutively on the top right corner of the pages, starting with the title page. The matter should be arranged in the following order: Title page, Abstract, Introduction, Materials and Methods, Results, Discussion and Conclusions, Acknowledgement, References, Tables and Figures along with caption and legends. The manuscript should be submitted in two separate files: 1. Title page, and 2. Blinded article file.
TITLE PAGE:
This file should provide - 1. Type of the manuscript (original article, review article, short communication, case report, letter to editor, etc.) 2. Title of the manuscript 3. Short running title (upto 50 characters) 4. Names of all the authors/ contributors with their highest academic degrees, designation and affiliations) 5. Name(s) of department(s) and / or institution(s) to which the work should be credited 6. Corresponding author details including full address, e-mail address and phone number or mobile number 7. The total number of pages, figures and tables 8. Word counts (separately for abstract and the text excluding the abstract, references, tables and figure legends). 9. Source(s) of support in the form of grants/ funding, equipment, drugs, or all of these. 10. Registration number, in case of a registered clinical trial 11. Conflicts of interest of each author. 12. Contribution details

BLINDED ARTICLE FILE:
The manuscript must not contain any mention of the authors’ names, initials or the institution. The main text of the article, beginning from Abstract till References (including tables) should be in this file. Use doc files and do not zip the files.

Abstract: An abstract (not exceeding 250 words) should be provided typed on a separate sheet. Abstract should be structured (except for case reports) and include objective, methods, results and conclusion.

Keywords: Up to 4-6 keywords must be provided related to the work. These keywords should be typed at the end of the abstract.

Introduction: It should be a concise statement of the background to the work presented, including relevant earlier work, suitably referenced. It should be started in a new page.

Materials and Methods: It shall be started as a continuation to introduction on the same page. All important materials and equipments, the manufacturer’s name and, if possible, the location should be provided. The main methods used shall be briefly described, citing references. New methods or substantially modified methods may be described in sufficient detail. The statistical methods and the level of significance chosen shall be clearly stated.

Results: The important results of the work should be clearly stated and illustrated where necessary by tables and figures. The statistical treatment of data and significance level of the factors should be stated wherever necessary. Data that is not statistically significant need only to be mentioned in the text and no illustration is necessary.

Discussion: This section should deal with the interpretation of results, making readers to understand the problem taken and should be logical. The discussion should state the scope of the results, which need to be further explored.

Conclusions: Concisely summarize the principal conclusions of the work and highlight the wider implications. This section should not merely duplicate the abstract.

TYPES OF MANUSCRIPTS:

Original articles: Randomized controlled trials, intervention studied, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys based studies can be sent under this heading. Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions, methods of randomization, and masking (blinding). Text should be divided into following sections: Abstract, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends. Recommended word limit is upto 3000 words excluding abstract, tables, figures and about 40 references.

Review Articles: Review articles are systemic critical evaluation of already published material. It is expected that these articles would be written by experts or individuals who have done substantial work on
the subject. A review article should be written in following steps - define the problem, summarize previous investigations to define the state of current research, identify relations, contradictions, gaps and inconsistencies in the literature reviewed, suggest clinical practice based on the current evidence and suggest further areas of research. Recommended word limit is upto 4000 words excluding about abstract, tables, figures and upto 50 references.

Systematic Reviews & Meta-analysis: JPCC also encourages publication of systematic reviews and meta-analysis on various topics of clinical significance. These should provide information on search strategies to retrieve relevant studies, methods used to assess the scientific validity of retrieved studies, and the process of generating a bias-free list of citations to answer the topic under review. Recommended word limit is upto 4000 words excluding about abstract, tables, figures and upto 75 references.

Short Communications: Short correspondence pertaining to research can be sent under this heading. Word count should not exceed 2000 words with an abstract of upto 200 words and upto 25 references. Letters must not duplicate other material published, submitted or planned to be submitted for publication. The matter should be divided into introduction, methods, results and discussion and should follow all other guidelines in ‘Preparing the Manuscript’

Case reports: New, interesting or rare cases of clinical significance can be reported. However, mere reporting of a rare case may not be considered. Prescribed word limit is upto 1500 words excluding upto 15 references and abstract. Case reports should be written under the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, References, Tables and Legends in that order.

Letter to the Editor: These should be short and decisive observation, preferably be related to articles previously published in the journal. Word limit is upto 1000 words and upto 10 references.

Clinical Update: Clinical update related to pediatric critical care in form of short and precise article are published in the journal with word limit of 1000 words and upto ten references.

Post Graduate/Fellow Column: This column accepts article in OSCE format related to common problems in Pediatric Intensive care units, which are helpful for post graduates. Word limit is upto 1000 words and upto 10 references.

Best Evidence - Journal Scan: Recent published articles related to pediatric critical care are published with abstract of these articles with reviewer’s comments. Word limit of 1000 words with upto 10 articles.

Critical Thinking - PICU quiz: Up10 Multiple choices question related to pediatric critical care are discussed with relevant answer to that questions. word limit upto 1000 words and uotp 10 questions.

Book Review: Short review of recently published books related to pediatric critical care is published with word limit of 500 words.

Reporting Guidelines for Specific Study Designs:

1. Randomized controlled trials - CONsolidated Standards Of Reporting Trials (CONSORT) - http://www.consort-statement.org

2. Studies of diagnostic accuracy - STAndards for Reporting of Diagnostic accuracy (STARD) - http://www.stard-statement.org/


5. Observational studies in epidemiology - STrengthening the Reporting of OBservational studies in Epidemiology (STROBE) - http://www.strobe-statement.org

REFERENCES:

References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in the text, tables, and legends by Arabic numerals as superscript (e.g. Jpcc¹) after the punctuation marks. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. The titles of journals should be abbreviated according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references.

Standard Journal Articles:


Acknowledgements: Acknowledgements as well as information regarding funding sources should be provided.

Tables: Each table should be typed on a separate page, numbered in sequence with the body of the text. Tables should be headed with a short, descriptive caption. They should be formatted with horizontal lines only; vertical ruled lines are not required. Footnotes to tables should be indicated with a), b), c) etc. and typed on the same page as the table.

Figures: Should be on separate pages but not inserted with in the text. All figures must be referred to in the text and numbered with Arabic numerals in the sequence in which they are cited. Each figure must be accompanied by a legend explaining the contents of the figure. Graphs and bar diagrams should preferably be prepared using Microsoft Excel and submitted as Excel graph pasted in Word.

Alternatively photographs can be submitted as JPEG images. Keys to symbols, abbreviations, arrows, numbers or letters used in the illustrations should not be written on the illustration itself but should be clearly explained in the legend. Avoid inserting a box with key to symbols, in the figure or below the figure.

All Tables and Figures captions and legends should be typed on a separate page.

CHECK LIST FOR AUTHORS

As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

1. The manuscript has not been previously published or under consideration by another journal.
2. All the contents of the manuscript are written in English. The text is double-spaced; uses a 12-point, Times New Roman font. The text adheres to the requirements outlined in the “Instructions for Authors”. Two separate files are being submitted for Title page and Blinded article file.
3. Title page contains full title, running title, authors’ full name, designation and affiliation, corresponding author's details, word counts, acknowledgement, declaration of conflict of interests, and authors’ contribution details etc.
4. Blinded article file does not contain any authors name or institutions’ name and the text should be in following order – abstract (structured/unstructured), keywords, introduction, material & methods, results, discussion, conclusion, and references.
5. Each figure is saved and uploaded in JPG or TIFF format as a single file, not embedded in the main text Word file. Figure files are properly labelled and important findings are highlighted in figures e.g. by arrows. Figure legends are placed at the end of the text.
6. References are written in Vancouver style. Journal's abbreviations are according the index medicus.
7. The authors have obtained written permission for the use of text, tables, and/or illustrations from any copyrighted sources.
8. Each author has reviewed the final version of the manuscript and approves it for publication.

COPYRIGHT NOTICE:

Authors are asked to sign a warranty and copyright agreement upon acceptance of their manuscript, before the manuscript can be published.
PRIVACY STATEMENT:

The names and email addresses entered in this journal site will be used exclusively for the stated purposes of this journal and will not be made available for any other purpose or to any other party.

DISCLAIMER: While the advice and information in this journal is believed to be true and accurate at the date of going to press, neither the editors and nor the publisher can accept any legal responsibility for any errors and omissions that may be made. The publisher makes no warranty, expressed or implied with respect to material contained herein.