Journal of Neuroanaesthesiology and Critical Care
Author Instructions

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All manuscripts must be submitted at the following link:
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- AUTHOR INFORMATION
  - All authors: full name, degrees, department, affiliation, e-mail address
  - Corresponding author: mailing address, telephone number

- MANUSCRIPT FILE
  - Must be digital - hard copy submissions are not accepted

- ABSTRACT AND KEYWORDS
  - See the section Article Types for word limit

- CONFLICT OF INTEREST
  - Every named author must disclose their conflicts or lack thereof

- REFERENCES
  - Cited sequentially in AMA style

- FIGURES AND TABLES
  - Cited sequentially and included in the main document

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  - Must be saved separately from the main document

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  - Patient permission forms available at [www.thieme.com/journal-authors](http://www.thieme.com/journal-authors)
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**Article Types**

The following graph shows what types of articles are accepted for publication, and what requirement they may have.

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- **Original Article**: These include randomized controlled trials, intervention studies, studies of screening and diagnostic tests, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 2,500 words (excluding Abstract, references and Tables) should be divided into sections with the headings Abstract (Structured format: Background, Methods, Results, and Conclusions) up to 250 words, Key-words (3–10 MeSH words), Introduction, Materials and Methods, Results, Discussion, References (upto 30), Tables and Figure legends.

- **Brief Report**: These are similar to original research in that they follow the same format and guidelines, but are designed for small-scale research or research that is in early stages of development. These may include preliminary studies that utilize a simple research design or a small sample size and that have produced limited pilot data and initial findings that indicate need for further investigation. Brief reports are much shorter than manuscripts associated with a more advanced, larger-scale research project. The text of original articles amounting to up to 1,800 words (excluding Abstract, references and Tables) should be divided into sections with the headings: Abstract (Structured: Background, Methods, Results, and Conclusions; up to 200 words), Key-words (3–10 MeSH words), Introduction, Materials and Methods, Results, Discussion, References (20 references), Tables and Figure legends.

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**Case Reports/Case Series:** New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These manuscripts could be of up to 1,000 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured, up to 150 words), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order. The case reports could be supported with up to 10 references. The number of images/figures/images/tables/graphs is to be limited to 2 only. Case Reports could be authored by up to four authors. Case reports that do not require extensive patient detail should be submitted as ‘Correspondence’. A correspondence should not contain more than 800 words, with 6-8 references, and is submitted without an abstract and key words.

**Letter to the Editor (LTE):** These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter could have up to 300 words and 5 references. It could be generally authored by not more than four authors. It should follow the response of authors with similar word count and references with the reading ‘In response.’

**Commentaries:** Commentaries discuss issues that are directly related to published material. Commentaries accompany original articles, critically appraise their results and put their conclusions into a wider context. They are typically solicited from reviewers who provide unusually thoughtful insight during the peer review process. Commentaries are always commissioned and should be up to 1000 words and with no more than 10 references. Commentaries do not have an abstract.

**Editorial:** Editorials are solicited by the editorial board or Editor-in-Chief; should be up to 1500 words and with no more than 15 references.
General Guidelines

- You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
- Keep the format of your manuscript simple and clear. We will set your manuscript according to our style—do not try to “design” the document.
- The manuscript, including the title page, abstract and keywords, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file.
- Each figure should be saved as its own separate file. Do not embed figures within the manuscript file. This requires special handling by Thieme’s Production Department.
- Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
- The manuscripts should be written in American English.
- The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.
- Additional material, which is not pivotal, but supporting in nature to the theme of the manuscript, can be submitted as “Supplementary Material” and will be published only online (not in print).
MANUSCRIPT FORMAT continued

Title Page

- This journal adheres to a double-blinded peer-review policy. The title page should NOT be included in the main document.
- The title page should list the article title and the corresponding author's full name, degree, title, department, affiliation, mailing address, e-mail address, and telephone and fax numbers. It should also list the full name, degree, title, department, and affiliation of every co-author.

Abstract and Keywords

See the section Article Types for word limits.

The abstract should briefly outline the content of the article and any conclusions it may reach. The keywords should be words a reader would be likely to use in searching for the content of the article.

Main Document

- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
- Do not insert page or section breaks except where noted in the Author Instructions.
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- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word.

Acknowledgments

The source of any financial support received and recognition of personal assistance for the work being published should be indicated at the end of the article, just before the Reference section, under the heading Acknowledgments.

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References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: www.nlm.nih.gov; Books in Print: www.booksinprint.com; PubMed: www.ncbi.nlm.nih.gov/PubMed/; or individual publisher Web sites.

- References must be listed in AMA style, using Index Medicus journal title abbreviations.
- References follow the article text. Insert a page break between the end of text and the start of references.
- References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
- By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
- List all author names, up to and including six names. For more than six authors, list the first three followed by et al.
- References should be styled per the following examples:

1. Citing a journal article:

2. Citing a chapter in a book:

3. Citing a book:
   Stryer L. Biochemistry. 2nd ed. San Francisco: WH Freeman; 1981:559–596

4. Citing a thesis:

5. Citing a government publication:

6. Citing an online article:

7. Citing a symposium article:
   Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC
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- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure captions) sequentially in the order they are cited in the text.
- Figure captions should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
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- Figure captions should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
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Tables

- Data given in tables should be commented on but not repeated in the text. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
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- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.
DIGITAL ARTWORK PREPARATION

General Guidelines

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Save each figure in a separate file.
- Do not compress files.
- All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
- It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then has to be enlarged, its resolution (dpi) and clarity will decrease.

Note: Lower resolutions (less than 300 dpi) and JPEG format (.jpg extension) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

Black-and-White Art

- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable printing quality.

Color Art

- All color artwork should be saved in CMYK, not RGB.

Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.
**SUBMISSION PROCEDURE**

**Submission Procedure**

- Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
- Please note: **There are no submission charges to submit your manuscript to this journal.**
- Manuscripts must be submitted electronically at the following link: [https://www.manuscriptmanager.net/jnacc](https://www.manuscriptmanager.net/jnacc)
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- Should the editors decide that your article requires a revision, you will need to make the changes via a word-processing program and resubmit it electronically.
- Log in to the submission system and find your article, which will be marked for revision.
- The best way to make revisions to your manuscript is by enabling the Track Changes mode in Microsoft Word, which will automatically highlight and mark up revised text. Please submit both a marked up copy and a clean copy of your revised manuscript to the submission system.
- Your original files will still be available after you upload your revised manuscript, so you should delete any redundant files before completing the submission.
- You will also be provided space in which to respond to the reviewers’ and editors’ comments. Please be as specific as possible in your response.

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2. Drafting the article or revising it critically for important intellectual content
3. Final approval of the version to be published

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For all manuscripts reporting data from studies involving human or animal participants, formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required, as well as any necessary HIPAA consent, and should be described in the Methods section with the full name of the reviewing entity. All clinical trials must be registered in a public trials registry. Denote the registry and registry number.

Please follow the standard Levels of Evidence for Primary Research and the reporting guidelines specified by this table:

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<td>Observational studies in epidemiology</td>
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You must obtain a signed patient permission form for every patient whose recognizable photograph will be used. If you do not supply this, the identity of the patient must be obscured before the image is published; this could interfere with the instructive value of the photograph. Patient permission forms are available at www.thieme.com/journal-authors
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