

# INSTRUCTIONS TO AUTHORS

## AIMS AND SCOPE

Akuttjournalen - The Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine - is primarily directed at physicians and other health professionals with an interest in prehospital and hospital emergency, critical and trauma care. The journal is peer-reviewed and published four times annually. The papers published deal with etiology, pathophysiology, diagnosis and treatment of acute trauma and diseases, as well as administration, communication, cost-benefit and preventative aspects. The submission of Review articles, Original articles, Case reports, Letters to the editor where the authors focus on practical experiences, observations and lessons learned are encouraged.

## ADDRESSEE

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## MANUSCRIPTS

Send your manuscript, including illustrations, typed in Times New Roman in double spacing (use the option of the software program, not the enter button) throughout (including references, tables and figure legends) on one side of white A4 (210x297mm) paper, with left hand margins of 40 mm. Number the pages consecutively and start each section on a new page. Preferred language is Norwegian, Swedish, Danish or English (British spelling). Great importance is attached to ensure that the articles are as concise and brief as possible and only seldom should exceed 2300 words. Manuscripts will be reviewed on the understanding that they have not been published, simultaneously submitted or accepted for publication elsewhere. It is expected that any original work presented has been performed in accordance with the Helsinki Declaration and that necessary permission has been obtained from appropriate ethics or animal investigation committees. By submitting the manuscript the authors automatically agree to assign exclusive copyright to the journal if and when the manuscript is accepted for publication. The publisher has exclusive right to reproduce and distribute, both printed and electronic, all the articles printed in the journal, fully or partly.

## SUBMISSION

Submit your manuscript by e-mail or send a CD to the Editor-in-Chief. Check that the file is virus free. CD's are acceptable in both Pc and Mac formats. It is important that the file saved is in the native format of the wordprocessor program used. Label the CD with your name and the name of the file on the CD.

## COVER LETTER

Enclosed with the manuscript there should be an accompanying letter signed by the first author. This signature is considered as an approval of the submitted manuscript and as a confirmation that the signature holder is familiar with and has followed the instructions to authors. The letter should include information about prior or duplicate publication or submission elsewhere of any part of the work. It must be stated explicitly by the author that permission for reproduction of any copyright material (figures, pictures etc) is obtained. It should also include a statement that the manuscript has been read and approved by all authors. Any

commercial self-interest or other conflicting interests bound to the submitted manuscript should be clarified. An account of any financial support must be given and such support should be published at the end of the article, together with acknowledgements. On your request some of the submitted material (photographs, pictures etc) will be returned after publication. Please designate the category on which the manuscripts is to be considered (i.e., Review article, Case report, Original contribution, etc).

## PROOFS

Proofs will be sent to the author and must be returned revised within one week, unless otherwise stated. Alterations against the final manuscript are restricted to correction of typesetting errors. No change in, or addition to, the edited manuscript will be allowed at this stage.

## TYPOGRAPHICAL RULES

- Basically, the manuscript should be in accordance with the Vancouver style (*Ann Intern Med* 1997; **126**: 36-47, *Nord Med* 1997; **112**: 55-60).
- Carefully read the manuscript for typographical errors before submission. Use the spelling and grammar option on your computer.
- Let the right hand margin be ragged.
- Do not break words at the end of lines; use hyphens only to hyphenate compound words.
- Put only one space after the stop at the end of a sentence.
- Do not type lower case I (el) for 1 (one) or capital O for 0 (zero).
- Use the spacebar only to separate words; use the "tab" key to indent paragraphs.
- Numbers 1 - 10 should be written with letters.
- By referring to medicaments, use the generic name, not the commercial name of the product.
- Avoid unnecessary italics, underlining, and space out in bold or other typographical effects.
- Do not use symbols from the Greek alphabet (ie. use microgram instead of  $\mu\text{g}$ ).

## ILLUSTRATIONS

Illustrations should show the highlights in your paper. All illustrations should have legends and these should be written on a separate sheet, numbered correspondingly, each beginning with the number of the illustration they refer to. It is emphasized that the illustrations should not be placed within the text, but rearmost in the article, after the reference list. The illustrations should be numbered in Arabic numerals according to the sequence of their appearance in the text, where they should be referred to as Fig. 1, Fig. 2 etc. They should be written so that the general meaning of each illustration can be understood without reference to the text. Indicate in the margin of the manuscript approximately where the illustrations should be presented. Please define precisely any illustration that has been published elsewhere. It is the author's responsibility to obtain written permission for reproduction of any copyright material from the publisher concerned. Illustrations from other publishers will not be used without such permission. All illustrations must be given a specification of their sources, for instance "Photographer: N.N", "Archive: Norwegian Air Ambulance, Drøbak" or "The author has made the figure/table on the basis of information in reference 7".

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## PHOTOGRAPHS

Should be submitted as separate files as jpg or eps. Resolution should not be less than 300dpi and at least 120 mm. Glossy paper enlargements (not more than 20 x 25 cm.) and good, original laser-prints, diapositives are also acceptable. Black/white and coloured photographs are acceptable, but coloured illustrations may be reproduced in black/white if colour presentation results in extra cost for the publisher. When recognisable photographs of a subject are submitted, written consent from the person (or superiors, parents) must be included.

## FIGURES

Should be planned to fit the proportions of the printed page. Any lines, numbers or lettering should be large enough for the necessary reduction. The degree of reduction will be determined by the publisher. Translate and delete any foreign (non-Scandinavian) text unless your manuscript is in English.

## TABLES

Should be used to summarise the evidence, to clarify important points and to present numerical data that are necessary for the understanding of the results. The same specifications as given for illustrations apply to tables. They should be referred to as Table 1, Table 2, etc.

## STRUCTURE OF PAPERS FOR ORIGINAL CONTRIBUTION AND REVIEW ARTICLES:

### Title page (page 1)

The title page should include:

- Concise and informative title, with a sub-title if necessary.
- Author's full name(s), professional affiliations and complete address in English.
- Telephone, fax and e-mail address.
- Include the name of the author(s).

### Abstract (page 2)

Write a summary in English of approx. 200 words is mandatory.

The abstract should be:

- A brief résumé of the chief points, and without references.
- Short, intelligible, informative and interesting.
- A digest of the whole paper containing its essence.
- Be meaningful and given with an appropriate title in English.
- Be structured as follows: background, material and methods, results, conclusion.
- Each part of the abstract should start on a new line.

In short, there is every reason to spend a great deal of effort on getting the abstract as near perfect as possible and making it the most highly polished part of the paper.

## TEXT OUTLINE FOR ORIGINAL CONTRIBUTIONS:

### Introduction (page 3)

The introduction should give the background for the study (why it was undertaken).

## MATERIALS AND METHODS

Should describe, in logic sequence, how your study was designed and carried out and how you analysed your data. Statistical methods should be presented at the end of this section. Specify mean (SD) median (range or interquartile) as appropriate. Give 95% confidence intervals whenever possible. Give test statistics together with probability. State in the text the name of the statistical software package.

## RESULTS

Provides the answer to the question you pose in the introduction (what was found?). Present, in logic sequence, your own observations, but do not discuss the findings. Do not repeat data from tables and figures in the text but sum up important observations. Give accurate information. Preferably use numbers instead of percent and be careful with indication of percent in small materials.

## DISCUSSION

Implication of your findings (what does it mean for practice of medicine?). Place your findings and observations in relation to previous knowledge. Note limitations. Be sure that the conclusion can be supported by the results.

## ACKNOWLEDGEMENTS

If any.

## REFERENCE

Citations should help the reader to find the actual source. Start reference list with a new page. Only published work is included in the reference list. References to Internet are accepted, but remember author, web-address and date of reading. Be selective. **The number of citations should usually not exceed 20.** The reference list is made up according to the Vancouver style. Abbreviations should be in accordance with Index Medicus. Number references consecutively in the order in which they are first mentioned in the text. Complete reference list should always follow the manuscript. Citations in the text are given with the reference number in parentheses, for instance (7). Do not use the footnote function of your word-processor to manage your reference list.

Example:

1. Gloppen S, Kristoffersen D, Kroken A. Anestesisykepleiere i redningstjenesten offshore. *Scand J Trauma Resusc Emerg Med* 2004; **12**: 232-235.
2. Tri Analytics. Collector. [http://www.trianalytics.com/products\\_legacy.html](http://www.trianalytics.com/products_legacy.html) (12.08.2002)

## TEXT OUTLINE FOR REVIEW ARTICLES, CASE REPORTS AND OTHER TYPES OF SUBMISSIONS:

Background for the article must be stated; as must the methods used to collect data and methods used to secure that the pertinent literature has been reviewed. A description of methods for finding and choosing the references used to support or discourage clinical practice are mandatory.