



INSTRUCTIONS TO AUTHORS AND PUBLICATION POLICIES

(Spanish version available from http://emergencias.portalsemes.org/images/normas_autores_es.pdf)

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EMERGENCIAS, which publishes 6 regular issues per year (available from <http://emergencias.portalsemes.org/english>), is the official journal of the Spanish Society of Emergency Medicine (SEMES). EMERGENCIAS will consider articles written in Spanish or English on subjects related to any aspect of emergency medicine, such as urgent and emergent care, health catastrophes, emergency rescue and transfer procedures, and coordination and management of health care in these settings. The journal is open to the work of physicians, nurses, paramedics, or any other professionals who do research in the context of emergency health care.

Before acceptance, all manuscripts will be evaluated by the journal's Editorial Board and undergo review by blinded referees assigned by the Editors.

EMERGENCIAS subscribes to the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" (formerly known as the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals") produced by the International Committee of Medical Journal Editors (ICMJE) (available from http://www.icmje.org/urm_main.html).

Authors are particularly asked to respect the ICMJE's ethical guidelines on authorship, duplicate publication, conflicts of interest, clinical trials, and animal experimentation. The Editorial Board also pledges to be alert to any conflicts of interest peer reviewers or other editorial consultants might have.

Accepted articles will be published in Spanish in the print journal and in both Spanish and English online regardless of the language in which they were submitted. Such articles will become the property of EMERGENCIAS and permission must be obtained for their reproduction in whole or in part. All authors of original articles must send a statement transferring copyright to the journal once their manuscript has been accepted.

MANUSCRIPT SUBMISSION

Manuscripts should be submitted electronically by means of the journal's digital manuscript management system (available at <http://emergenciasojournal.gruposaned.com/>). Authors should create an account at that website and follow the instructions for submitting their manuscript. The tools provided also allow authors to track their manuscript's progress through the editorial process. If problems arise, authors can contact the publisher (carmen.ibanez@gruposaned.com).

A cover letter, whose content is explained below, should accompany the manuscript. Each author's filled-in form stating acceptance of responsibility for the work and agreeing to copyright transfer should also be sent at this time. (The form can be downloaded from <http://emergencias.portalsemes.org/images/responsabilidades-autor.pdf>) The manuscript must comply with all instructions to authors given in the section MANUSCRIPT PREPARATION: FORMAL REQUIREMENTS below. It should also conform to the instructions for the appropriate article type and section.

Cover letter

Address the letter to the Editor in Chief and include each author's signature and a means of identification (for example, national identity number, passport number, or similar). The letter should ask that the manuscript be considered for publication in EMERGENCIAS and include the following information:

- 1) The section where the authors would like to see the manuscript published.
- 2) A brief description of what is important about the article, including its contribution to emergency medicine and the goals of EMERGENCIAS.
- 3) An explicit declaration that the manuscript has not been previously published and that it is not under consideration by any other journal.
- 4) If any part of the manuscript has been published elsewhere (indicative of redundant, or duplicate, publication), the letter should give details. Also required is a declaration that the authors are in possession of permissions from the author and the publisher of any previously published material. See the section on ASSURANCES AND TRANSFER OF COPYRIGHT AND INTELLECTUAL PROPERTY in these instructions to authors.
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- 6) State that all copyrights will be transferred to EMERGENCIAS in case the article is accepted for

publication. (This declaration also appears in the copyright transfer section of the aforementioned document of assurances each author must complete, sign, and send with the manuscript.)

In addition, the authors may conclude their letter by proposing individuals they consider qualified to critically review their manuscript. The proposed reviewers should not have coauthored papers or otherwise collaborated with the submitting authors in the previous 3 years. Nor should the proposed reviewers have contributed a substantive review of the manuscript prior to its submission. The Editorial Board will decide whether or not the suggested reviewers should be approached to evaluate the manuscript.

INSTRUCTIONS FOR SPECIFIC SECTIONS

Editorials. Articles about scientific issues or expressing opinions. Editorials may offer commentaries on original articles published in the same issue of the journal or discuss controversial subjects or areas witnessing important developments. These articles, which are commissioned by the Editorial Board, have a maximum of 1200 words, 15 references, and 2 authors.

Original articles. Reports of original basic, epidemiologic, clinical, or technical research; studies will preferably be prospective in design. An original article should include the following sections: structured abstract, introduction, methods, results, discussion, and references. It should have a maximum of 3000 words (excluding the abstract and references), no more than 6 tables and/or figures and 30 references, and a maximum of 6 authors. (Multicenter studies are exceptions to this last rule.)

The reporting of longitudinal observational studies (cohort or case-control designs) and cross-sectional studies should follow the STROBE guidelines (for STrengthening the Reporting of OBServational studies in Epidemiology), available from <http://www.strobe-statement.org>.

For studies involving diagnostic procedures, follow the STARD guidelines (STAndards for the Reporting of Diagnostic accuracy studies), available from <http://www.stard-statement.org>.

Clinical trial reports should comply with the recommendations in the CONSORT statement (CONSolidated Standards Of Reporting Trials), available from <http://www.consort-statement.org>. Furthermore, clinical trials must be registered in one of the international databases created for the purpose; the registry and assigned trial number must be reported in the manuscript.

Consult the EQUATOR website (<http://www.equator-network.org>) for guidelines for reporting other research designs.

Brief reports. Original research articles which have aims, designs, or results that can be conveniently published in shorter formats. Brief reports should be organized like original articles but have no more than 1500 words, a maximum of 2 tables and/or figures, 15 references, and 6 authors.

Review articles. Comprehensive updates of a particular subject, with references that include the most recent publications. These articles are generally commissioned by the Editorial Board, although unsolicited manuscripts will also be considered. Reviews should have a maximum of 5000 words, 10 tables and/or figures, 50 references, and 2 authors. They are accompanied by an unstructured abstract unless they are systematic reviews or meta-analyses, which must have a specifically structured abstract and follow the PRISMA guidelines (for Preferred Reporting Items for Systematic Reviews and Meta-Analyses), available from <http://www.prisma-statement.org>.

Clinical notes (case series and single cases). Descriptions that have few inferential statistics and present case series and draw conclusions that are potentially important for clinical practice. Case series have the same sections as original articles, but unstructured abstracts, a maximum of 1200 words and up to 2 tables and/or figures, 15 references, and 4 authors. Exceptionally, EMERGENCIAS will publish reports of single cases. These reports (with a maximum of 1200 words, 2 tables and/or figures, 10 references, and 4 authors) will have unstructured abstracts and the following sections: introduction, case description, and discussion.

Images. Radiological or clinical images that are exceptional in nature or of educational value. Priority will be given to images taken in the course of emergency care. The accompanying commentary should have a maximum of 150 words and no more than 3 authors. No references should be included.

Letters to the editor. Comments on articles that were recently published in the journal, very

brief communications about exceptional cases, or easily summarized studies. Letters should be less than 500 words in length and have a maximum of 1 table or figure, 5 references, and 4 authors. If the letter refers to an article that was recently published in the journal, it will be sent to the corresponding author of that publication so that the authors may exercise their right to reply.

Consensus statements. Articles written by SEMES working groups alone or in partnership with other scientific associations.

Other sections. EMERGENCIAS also publishes other types of articles in ad hoc sections (Special Articles, Viewpoints, Clinical Practice Guidelines, etc). Contributions of this kind are usually commissioned by the Editorial Board. An author who would like to contribute to one of these sections should first write to the Editorial Board to ask about the journal's interest in the topic and the editorial requirements for the manuscript. Such articles will undergo peer review as usual.

MANUSCRIPT PREPARATION: FORMAL REQUIREMENTS

Manuscripts should be formatted for DIN A4 paper, be double spaced in 12-point type, have wide margins, and comply with the maximum number of words allowed for the article type.

Pages should be numbered in the upper right corner. We recommend using the past tense to report findings, avoiding the passive voice when possible (for example, using first-person plural instead), and writing in a generally formal style.

The following recommendations are made in the interest of maintaining uniformity of style in the journal. Adherence to these recommendations will make it easier for us to review and process a manuscript and favor its acceptance.

Abbreviations. Only abbreviations that are common in emergency medicine should be used. Abbreviations should be avoided in titles and abstracts. Expand the abbreviation the first time it appears in the text (in both the abstract and the body of the manuscript). Exceptions are units of measure expressed in the International System.

Manuscript structure. Each of the following manuscript sections should begin on a new page and be arranged in the order listed: title page, abstract and keywords in English, abstract and keywords in Spanish, body of the text according to type of article, acknowledgments and possible statements regarding funding or overlapping, or duplicate, publication, appendices or lists of contributors in the case of collective authorship, references, and tables and figures.

- Title page.

This manuscript section contains the following items:

- Title, in English and in Spanish, giving an appropriate account of the article's content. It should be brief, clear, and informative.
- Name and surname(s) of authors in the order in which they will be published. (Composite surnames may be connected with hyphens or not, but authors should be aware that international databases record only a single name in the surname field and that 2 surnames will therefore be recorded as such only if connected by a hyphen.) The academic or professional degree may be included if the author wishes.
- Affiliations (name of department and institution, or the hospital where the research was done). If authors are affiliated with several institutions or different ones, list the institutions and indicate who comes from which one.
- Total number of words in the body of the manuscript (excluding the title, abstract, keywords, and references).
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- Disclosures of conflicts of interest if any (with a brief description, which will also be listed in the section on funding and conflicts of interest included in the document on assurances all the authors must fill in and sign when they submit a manuscript).
- Declarations of public or private research funding sources or foundations.
- Authors may also indicate whether a study has been previously presented at a scientific conference or similar meeting and whether it has obtained any award or special mention.

- Abstract and keywords.

The abstract and keywords should be started on a new page in the manuscript. Structured abstracts for original articles and brief reports (maximum 250 words and 150 words, respectively) will have the following sections: Objective(s), Methods, Results, and Conclusions. Abstracts for other articles (clinical notes or reviews) should be unstructured and not exceed 150 words.

For all articles of any type, authors should provide 3 to 8 keywords consistent with the Medical Subject Headings (MeSH) of Index Medicus/MEDLINE, available from <http://www.nlm.nih.gov/mesh/meshhome.html>. To facilitate blind peer review of all manuscripts, the Editorial Board recommends that the names of authors or their affiliations not be mentioned in the text from the abstract section forward.

- Spanish abstract and keywords.

Provide a correct Spanish translation of the title, abstract, and 3 to 8 keywords. For keywords, use

translations of the MeSH terms available from <http://www.nlm.nih.gov/mesh/meshhome.html>. These translated texts should start on a new page in the manuscript.

- Introduction.

The introduction (started on a new page) should be brief and aim to provide the reader with up-to-date background information on the topic of the research. A historical review is not necessary; only strictly necessary references should be cited. If a systematic search of the literature was conducted, the strategy used (search terms, period of time covered, and search date) should be described. The introduction should conclude with the reason why the research was carried out and the aim.

- Material and methods.

When preparing this section, authors should take into consideration the following recommendations from the Editorial Board regarding items that should be present:

- Include the study design, setting where the work was done, time frame, subjects and/or material used (characteristics, selection criteria), techniques used, the epidemiological or analytical approach used, and interventions.
- Include a flow chart (recommended) showing the phases of the study and clarifying the inclusion and exclusion criteria, how selection was carried out, when interventions and measurements were recorded (if appropriate), and how many patients completed the study.
- Explain the statistical analyses applied to the data (specifying confidence intervals).
- A general principle is that this section should provide all the information other researchers would need if they were to replicate the study.
- Names or initials of patients should not appear.
- Use the generic names (rather than commercial names) of any drugs used and specify the dosages and routes of administration.
- Approval from a clinical or animal research ethics committee must be obtained and mentioned. In addition, the researchers should briefly explain the ethics guidelines they followed even though they will also give assurances on ethical responsibilities, manuscript approval and copyright transfer on the form that all authors must sign and submit along with their manuscript. (See section on ASSURANCES AND TRANSFER OF COPYRIGHT AND INTELLECTUAL PROPERTY in this document and in the form to be signed and submitted.)

- Results.

Describe the results clearly and concisely without offering interpretations. Include the minimum number of tables or figures necessary and avoid repeating data in text, tables, and figures. Include the appropriate estimates of error, uncertainty, probability, or similar, as appropriate (confidence intervals and/or *P* values for example).

The results of randomized clinical trials should be reported following the CONSORT guidelines (<http://www.consort-statement.org>), which specify a flow chart illustrating the assignment of patients and their progress through the study. Meta-analyses should include the flow chart described in the PRISMA guidelines (<http://www.prisma-statement.org>). C:\Users\Mary\Documents\Translation.SANED\EMERGENCIAS\2015 Feb\en_us\Meta-analyses Reports of studies validating diagnostic procedures or tests should include the flow chart described in the STARD guidelines (<http://www.consort-statement.org/stardstatement.htm>).

- Discussion

The authors should explain their interpretation of their results, avoiding the repetition of information already provided in the Introduction or the details of data in the Results section.

The following aspects should be addressed:

- The most important findings.
- The practical implications of the results and their significance.
- Similarities and differences between the authors' findings and those reported in other similar publications.
- Limitations of the study or any design problems that might be relevant.
- Suggestions for further study or new hypotheses if appropriate; authors should clearly label these remarks as such.
- Finally, conclusions that can be drawn directly from the study.

The discussion section for brief research reports and clinical notes should be short and restricted to noteworthy aspects of the research or cases rather than a review of the literature.

- Acknowledgments.

Only acknowledge persons or institutions that clearly contributed to making the study possible but whose contributions do not justify authorship. Acknowledge technical assistance in a separate paragraph from other acknowledgments. All persons mentioned by name should know of and have approved their inclusion in this section.

-Conflicts of interest.

Potential conflicts of interest must be disclosed.

- References.

List only references that are cited in the manuscript. Authors should have read all the references and they should cite only those they consider important. References must be numbered consecutively as

they appear in the text, where they will be indicated by superscript arabic numerals. Authors should make every effort to cite references that have been published recently and are considered important in the subject area.

Unverifiable information from unpublished observations, personal communication, conference presentations, or similar sources should not appear in the reference list, although such sources may be mentioned between parentheses in the text if necessary.

Manuscripts that have been accepted by a journal but have not yet been published may be cited as being in press.

References cited only in tables or figure legends should also be numbered consecutively, consistent with the first mention of the table or figure in the text.

A reference callout (the superscripted cite number) that falls next to a punctuation mark should appear before the mark (eg, "...unlike previous studies^{7,8}, our results show that...").

When indicating the first and last page of a reference in the list, the final page should be indicated by only the last digit or digits necessary to differentiate it from the first page; for example, 23–7 (not 23–27) and 135–42 (not 135–142).

The abbreviated journal titles specified by the US National Library of Medicine should be used in the reference list. These abbreviations are available from <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>. If copying a reference from another article, first confirm that it is correct by checking the original article or the entry for the article in a database. A reference that is copied must be reformatted to conform to the style used by EMERGENCIAS, which uses the one recommended by the ICMJE (available from http://www.nlm.nih.gov/bsd/uniform_requirements.html). The following examples show the style for the most commonly cited types of documents.

Articles in journals: List the first 6 authors, followed by et al. if there are more. Do not provide the issue number or complete publication date. Example: Julián-Jiménez A, Parejo R, Cuena-Boy R, Palomo MJ, Lain-Terés N, Lozano-Ancín A, et al. Interventions to improve emergency-department management of community-acquired pneumonia. *Emergencias*. 2013;25:379–92.

Article with a Digital Object Identifier (DOI): List only the first author, followed by et al. Instead of giving the volume and page numbers after the abbreviated title of the journal, give the 2-part DOI. (One part identifies the registering entity and the other identifies the article.) Example: Alquézar-Arbé A, et al. Utilidad de la determinación de ácido láctico en el líquido cefalorraquídeo. *Enferm Infecc Microbiol Clin*. 2014. <http://dx.doi.org/10.1016/j.eimc.2014.05.003>.

Articles with an organization (collective) as author: Example: Grupo de Trabajo ICA-SEMES. Estudio multicéntrico sobre el uso de diuréticos en perfusión en la insuficiencia cardiaca aguda en urgencias. *Emergencias*. 1999;98:26-30.

Article in a volume with a supplement: Example: Casas F, Sabatel M, Rodríguez A. Eficacia del antimicrobiano en función del factor tiempo. *Emergencias*. 2012;24 (Suppl 2):S1-21.

Article in an issue with a supplement: Example: Casas F, Sabatel M, Rodríguez A. Eficacia del antimicrobiano en función del factor tiempo. *Emergencias*. 2012;24 (4 Suppl): S31-75.

Book chapter: Give the author(s), chapter title, editor(s), book title, city, publishing house, and page numbers. Example: Nogue S, Munne P. Etilenglicol y otros glicoles. In: Dueñas Laíta A, editor. *Intoxicaciones agudas en medicina de urgencia y cuidados críticos*. Barcelona: Masson SA; 1999. p. 252-4.

Article in an electronic journal published online: Example: Klein E, Smith DL, Laxminarayan R. Hospitalizations and deaths caused by methicillin-resistant *Staphylococcus aureus*, United States, 1999–2005. *Emerg Infect Dis* [Internet] 2007; 13 (cited 2002 Dec 21). Available from: <http://dx.doi.org/E.D/co/j.eim13/12/1840.ht>.

– Tables and Figures.

Tables and figures should be numbered independently using arabic numerals. All tables can be included at the end of the manuscript, each starting on a separate page and in the order in which they appear in the text. Alternatively, the authors can submit tables and figures individually as additional files associated with the manuscript in the online article management system. This option can be considered if the characteristics or format used for these files make individual submission easier.

Tables and figures should complement the text, not repeat information in the body of the manuscript. Tables should have a title that explains the content. Figures should have a caption to appear underneath; these can be placed on a separate page after the references or on a page with the corresponding figure. So that tables and figures may be read and understood separately from the rest of the text, abbreviations should be explained in a footnote (tables) or the caption (figures), even if they have also been explained elsewhere.

Tables: Explanatory footnotes should be marked by superscript lower case letters (a, b, c, etc.). Statistical measures of variability or central tendency, such as the SD or SEM should be identified.

Figures: Figures should be 2-dimensional images, with a white background and gray tones or patterns to distinguish information about different groups. Only exceptionally will color figures be published. Patients should not be recognizable in photographs unless they have given written consent. The minimum acceptable resolution is 300 dpi. Authors should bear in mind that figures that combine several images may have to be reduced in size for publication.

For any figure or table taken from another publication, the source should be cited and the written permission of the copyright holder and author should be obtained in writing. Graphs, preferably 2-dimensional, may be presented in a standard format for subsequent redesign by EMERGENCIAS.

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Ethical obligations

All signing authors must accept the authorship responsibilities as defined by the ICMJE (available from www.icmje.org) and by EMERGENCIAS below and in the document on responsibilities, copyright transfer and other assurances signed by each author on submission of a manuscript (available from <http://emergencias.portalsemes.org/images/responsabilidades-autor.pdf>).

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When experiments with animals are described, it should be indicated that they have been cared for and treated in accordance with the guidelines of the institution, an international research council, or national regulations governing the use of laboratory animals. The consent form patient is available in <http://emergencias.portalsemes.org/images/responsabilidades-autor.pdf>

Data confidentiality and informed consent. The authors are responsible for following the protocols established in their respective hospitals or other health services with respect to access to patient records for research purposes and for publishing of such information to the community. Therefore, they must disclose any breach of those protocols. The authors are also obligated to ensure that all patients included in the study have been properly informed and that patients' written informed consent to voluntary participation is in the possession of the researchers. The authors should mention in the methods section that informed consent was obtained prior to any procedures used in patients and controls.

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When members of a collective are to be included as authors, the names of up to 6 persons who wrote and take responsibility for the manuscript should appear first, followed by "and [name of the group]." If the authors wish to include the name of the group, but its members are not to be considered coauthors, up to 6 authors who wrote and take responsibility for the manuscript should appear first, followed by "on behalf of [name of the group]" or "for [name of the group]." Example: Martínez Ortiz de Zárate M, González del Castillo J, Julián-Jiménez A, Piñera Salmerón P, Llopis Roca F, Guardiola Tey JM, et al., on behalf of the INFURG-SEMES working group. Epidemiology of infections treated in hospital emergency departments and changes since 12 years earlier: the INFURG study of the Spanish Society of Emergency Medicine (SEMES). *Emergencias*. 2013;25:368–78.

In either case, the names and affiliations of members of the group should be given in an appendix at the end of the manuscript.

Authors will be named on the first page of the article and in the document stating their willingness to take responsibility for the manuscript and transfer of copyright that each author must read and sign when the manuscript is submitted.

EMERGENCIAS cannot be held responsible for any possible authorship conflicts that might arise as a result of the publication of the article in the journal.

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EDITORIAL PROCESS

The editorial process begins when a manuscript is received by the publisher.

-First, the manuscript is assigned a reference number that will be used throughout processing. From this point forward, the corresponding author can use the number to track the progress of the submission.

-The publisher will send the manuscript to the journal's Editor in Chief and other associate or section editors who will share responsibility for processing the manuscript.

Depending on a submission's nature or complexity, it may be accepted or rejected quickly, or revisions may be requested.

-**Peer review.** All manuscripts submitted to EMERGENCIAS will be reviewed by independent referees who will give their expert opinion. To ensure anonymous review, the name of the authors, their affiliation, or centers where the investigation was undertaken should be included only on the title page.

-**Editorial decision (acceptance, request for revision, or rejection).** After considering the reports of reviewers, the editors will inform the authors of their decision to accept or reject the manuscript. If the work is rejected, the authors will receive the reviewers' reports. Alternatively, if the editors think there are aspects of the manuscript that are confusing but could be improved, they will offer the authors the opportunity to do so. The revision and review process may sometimes be prolonged if the reviewers propose the reassessment of statistics or the inclusion of new elements, patients, or experiments.

Whenever the editors propose revisions, the authors should submit a new version of the manuscript through the online management system within 30 calendar days. The new submission should be accompanied by a letter detailing the changes made and replying (point by point) to the suggestions or questions of the editors themselves or the individual reviewers. If a revised manuscript is not received within 30 days, the corresponding author will be notified that the work has been withdrawn from the process.

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