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Journal of Pediatric Critical Care (JPCC)

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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,

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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.

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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.

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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.

Reporting Guidelines for Specific Study Designs:

1. Randomized controlled trials - CONSolidated Standards Of Reporting Trials (CONSORT) - <http://www.consort-statement.org>
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Standard Journal Articles:

- a. For up to six authors: Agrawal A, Singh VK, Varma A, Sharma R. Intravenous arginine vasopressin infusion in refractory vasodilatory shock: clinical study. *Indian J Pediatr.* 2012;79(4):488-493.
- b. For more than six authors: List the first six authors followed by et al. Nobili V, Marcellini M, Giovannelli L, Girolami E, Muratori F, Giannone G, et al. Association of serum interleukin-8 levels with the degree of fibrosis in infants with chronic liver disease. *J Pediatr Gastroenterol Nutr.* 2004;39(5):540-4.

Personal author (book): Leung AK. *Common Problems in Ambulatory Pediatrics: Symptoms and Signs*, 1st ed. New York: Nova Science Publishers, Inc.; 2011.

Chapter in a book: Leung AK. Oral rehydration therapy and early refeeding in the management of childhood gastroenteritis. In: Overton LT, Ewente MR, eds. *Child Nutrition Physiology*. New York: Nova Biomedical Books; 2008. p. 127-152.

Conference proceedings: Harnden P, Joffe JK, Jones WG, editors. *Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference; 2001 Sep 13-15; Leeds, UK*. New York: Springer; 2002.

Conference paper: Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer; 2002. p. 182-91.

Unpublished Material: Children and adolescents with chronic constipation: How many seek healthcare and what determines it? Rajindrajith S, Devanarayana NM, Benninga MA. *J Tropical Pediatr.* 2011 Dec 6. [Epub ahead of print]

Electronic Material CD-ROM: Neonatal Resuscitation Program (NRP) Training Aids [on CD-ROM]. National Neonatology Forum, New Delhi, 2006. Hemodynamics III: the ups and downs of hemodynamics [computer program]. Version 2.2. Orlando (FL): Computerized Educational Systems;1993.

Journal article on the Internet: Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 1 p.]. Available from:<http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

Article Homepage/Web site: Cancer-Pain.org [Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

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