Manuscript Submission and Editorial Review Policy

The scope of The American Journal of Emergency Medicine is as broad as the definition of emergency medicine itself, encompassing all activities concerned with acute medical care. AJEM invites the submission of original research, reports, correspondence, and opinion relating to acute adult and pediatric medicine and surgery and the related fields of trauma, toxicology, critical care, resuscitation, emergency medical services, behavioral emergencies, and environmental medicine.

Original contributions will be accepted on the basis of significance, validity, and clarity. Authors will be expected to justify conclusions by the data presented, maintain a lucid prose style, and describe methodology in sufficient detail for readers to evaluate results accurately. AJEM, in turn, is committed to a confidential, expeditious, and professional editorial process. Reviews will be objective, rigorous, and responsible.

Articles published in AJEM are indexed and abstracted in Index Medicus, Excerpta Medica, Current Contents/Clinical Medicine, ISI/BIBLIOMETRICS, and BIOSIS.

For the convenience of prospective authors, AJEM is a participating journal in the International Committee of Medical Journal Editors’ "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (N Engl J Med 1997;336:309-315). This agreement provides for a standardized manuscript format, allowing authors to submit articles to any one of over 500 scholarly medical publications without revision simply to accommodate the vagaries of any individual journal’s technical and stylistic requirements.

REVIEW POLICY

All original contributions, investigations, and reports will be subjected to multiple-peer review. Case reports will receive desk review only. To protect the integrity and anonymity of the review process, all reviews will be conducted in double-blinded fashion. To promote quality composition and investigation, legible comments from all referees will accompany returned manuscripts. To encourage criticism, correspondence, and open discussion of controversial issues, letters to the editor will be printed promptly. As a courtesy to contributors and to ensure the timeliness of AJEM’s content, authors will routinely be notified of the action taken upon their manuscripts within 10 weeks of submission. Case reports will receive expedited in-house review and will be accepted or rejected without specific comments. All submissions must be reviewed and edited by a native English speaker before submission to AJEM or the manuscript will be returned without review.

GUIDE FOR AUTHORS

For a full and complete Guide for Authors, please go to: http://www.elsevier.com/wps/locate/0735-6757. We invite submissions on clinical and laboratory research and topics pertinent to adult and pediatric emergency medicine including emergency medical and health services, trauma, toxicology, resuscitation, behavioral emergencies, critical care, and environmental medicine. In general, AJEM does not publish surveys, papers that focus on patient satisfaction, quality assurance, didactics, or data sets that do not include any recent (<3 years old) data. The following are journal features for which we invite submissions:

ORIGINAL CONTRIBUTIONS: Reports of new clinical and laboratory investigations and research. Original Contributions should contain a power analysis to ensure adequate sample size. Research involving proprietary devices can only be submitted and considered as Correspondence (see below).

BRIEF REPORTS: Short papers, series of cases, and preliminary reports of work in progress; studies with small numbers pointing to the need for further investigation. Brief reports should be limited to 2,000 words of text (exclusive of tables, references, and figure legends).

RESEARCH SEMINARS: Discussions of the history, methodology, and future of a particular area or subject in medicine research.

REVIEWS: Definitive, in-depth, state-of-the-art reviews of clinical and research subjects. Unsolicited reviews are not generally published in AJEM. Before submitting any unsolicited reviews, please forward an outline to the Editor for consideration.

THERAPEUTICS: Detailed reviews of important devices and drugs used in the practice of emergency medicine.

DIAGNOSTICS: Detailed review of new diagnostic approaches, imaging modalities and tests important to Emergency Medicine practice.

CONTROVERSY: Editorial viewpoints on current controversies.

CORRESPONDENCE: Letters to the editor are limited to 800 words of text (exclusive of references, tables, and figure legends). These submissions should not contain an abstract.

CASE REPORTS: Case reports will receive desk review only without comment. Case reports must describe a case unique to the emergency medicine literature (authors are expected to conduct a literature search before submission) and involve outpatient emergency department care. The text should be limited to 250 words and the abstract <250 words. Reports of ultrasound findings are generally not accepted for publication. Accepted case reports in their entirety will be published digitally at our web site (www.ajemjournal.com), while the abstract will be published in each printed issue.

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Human Research and Informed Consent

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All accepted manuscripts are subject to copyediting. Authors will receive page proof of their article before publication.

Manuscript Submission
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On the title page include (1) the title (no more than 100 characters); (2) a short running head of fewer than 50 characters/spaces placed at the foot of the page; (3) author(s) names (no more than 10 authors), highest degrees, department(s) and institution(s); (4) name and address of author to whom reprint requests should be sent; (5) source(s) of support in the form of equipment, drugs, or grants (including grant numbers); (6) the name of organization and date of assembly if the article has been presented; and (7) “Key Words,” a list of three to ten important words or phrases for indexing. Whenever possible, use terms from the medical subject heading of Index Medicus. To ensure blinded, impartial review, do not indicate the authors of the article on any other page.

Abstract
On the second page include a structured abstract of fewer than 250 words (be concise yet detailed). Use the following section headings: Objectives, Methods, Results, Conclusions.

Indicate the number of treated, control and dropped patients from the study in the abstract.

Text
When appropriate, divide the text into Introduction, Methods, Results, and Discussion.

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