

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/BIOMED*, 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 emergency 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.

CONTROVERSIES: 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 <800 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.

Cover Letter

The cover letter accompanying all submitted manuscripts must be signed by all authors (or have separate cover letters so that all authors have signed a letter). (Authors may submit electronic signatures.) The cover letter(s) containing original signatures should be scanned and submitted electronically along with all the other files relating to the manuscript. This letter must contain the following language: "The manuscript, as submitted or its essence in another version, is not under consideration for publication elsewhere, and will not be published elsewhere while under consideration by *AJEM*. The authors have no commercial associations or sources of support that might pose a conflict of interest. All authors have made substantive contributions to the study, and all authors endorse the data and conclusions." Authors with a potential conflict of interest should cite it in the cover letter.

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Repetitive Publication

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Conflict of Interest

Authors are expected to disclose any commercial associations or sources of support that might pose a conflict of interest in connection with the submitted article. All funding sources supporting the work must be acknowledged on the title page and at the end of the manuscript. All affiliations with or financial involvement in any organization or entity with a direct financial interest in the subject matter or materials of the research discussed (eg, employment, consultancies, stock ownership or other equity interest, patent-licensing arrangements) must also be acknowledged on the title page and at the end of the manuscript.

Human Research and Informed Consent

Manuscripts reporting the results of experimental investigations, regardless of location/nation, must include a paragraph in the cover letter and a statement in Methods indicating approval by the institution's Human Research Committee.

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Authors may use Elsevier Webshop (<http://webshop.elsevier.com/translation-services/pages/howdoesitwork.html>) or American Journal Experts (www.journalexperts.com) for this assistance.

Author Approval

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

Manuscript Submission

All manuscripts (including figures) must be submitted to AJEM through our Web site (<http://ees.elsevier.com/ajem/>). Submission items should include separate files for a cover letter, title page, abstract, manuscript text, references, legends for table/figure, tables, and figures. Revised manuscripts should also be accompanied by a unique file (separate from the covering letter) with responses to reviewers' comments.

The preferred order of files for electronics submission is as follows: cover letter, response to reviews (revised manuscripts only), title page, manuscript file(s), table(s), figure(s). Files should be labelled with appropriate and descriptive file names (e.g., SmithText.doc, Fig1.eps, Table3.doc). Upload text, tables and graphics as separate files. Do not import figures or tables into the text document; submit as separate files. Complete instructions for electronic artwork submission can be found on the journal home page.

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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.

Introduction: Clearly state the purpose of the article, summarize the rationale for the study or observation, give only strictly pertinent references, and do not review the subject extensively.

Methods: Identify the methods, apparatus, and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical method; provide references and brief descriptions of methods that have been published but may not be well known; describe new or substantially modified methods, giving reasons for using them and evaluating their limitations.

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Discussion: Emphasize the new and important aspects of the study and conclusions that follow from them. Do not repeat in detail data given in the Results sections. Include in the Discussion the implications of the findings and their limitations and relate the observations to other relevant studies. Link the conclusions with the goals of the study, but avoid unqualified statements and conclusions not completely supported by your data. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

Acknowledgments

Acknowledge only people who made substantive contributions to the study, and specify the contributions. Authors are responsible for obtaining written permission from everyone acknowledged by name because readers may infer their endorsement of the data and conclusions.

Abbreviations, Symbols, and Nomenclature

Usage should conform to that recommended in Scientific Style and Format (7th edition, 2006), published by the Council of Science Editors (www.councilscienceeditors.org). *Avoid abbreviations. Do not abbreviate names of organizations, institutions, symptoms, diseases, or anatomic characteristics.* A list of acceptable abbreviations is included in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," published by the International Committee of Medical Journal Editors (www.icmje.org). **Generic names of drugs are preferred; a brand name may be given only with the first use of generic name. When the brand name of a product or pharmaceutical is used, supply the manufacturer's name and location (city and state).**

Units of Measurement

Use SI units for linear dimensions, weight, clinical chemistry, and hematology. Use the Celsius scale for all temperatures. The use of other SI units is encouraged.

References

Cite references consecutively in the text. Do not cite review articles. Use the same number each time the reference appears in the text. At the conclusion of the article, list references in numerical order, typed double spaced. Abbreviate journal titles according to *Index Medicus* style. Please provide inclusive pagination Punctuation is shown below.

Journal articles: List all authors when three or fewer; when four or more, list first three and add et al.

Abraham E, Baraff LJ: Oral versus parenteral therapy of pyelonephritis. *Curr Ther Res* 1982;31:536-542

Books: Capitalize all important words in title.

Ludwig S, Fleisher GR, Henretig FM, et al (eds): *Pediatric Emergency Medicine*. Baltimore, MD, Williams & Wilkins, 1983, pp 203-209.

Chapter in a book: List editors of book.

Eliastam M: Cardiac emergencies. In Eliastam M, Sternbach GL, Bresler MJ (eds): *Manual of Emergency Medicine*. Chicago, IL, Yearbook, 1983, pp 1-28

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Tables

Type tables double-spaced on separate sheets with number and title. Do not submit tables as photographs. Omit internal horizontal and vertical rules. Cite each table in the text in consecutive order.

Figures

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