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# Journal of Critical and Intensive Care

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# Journal of Critical and Intensive Care

## AIMS AND SCOPE

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Journal of Critical and Intensive Care (J Crit Intensive Care) is the scientific and official publication of the Society of Turkish Intensivists (STI) ([www.tuyud.org.tr](http://www.tuyud.org.tr)). The Journal is an international open access journal, published 3 times a year (April, August, December). All processing is conducted through the online submission system on the web site: [www.jcritintensivecare.org](http://www.jcritintensivecare.org). Manuscripts are accepted for publication through an independent unbiased and double-blinded peer review process. Only manuscripts written in English are accepted and only unpublished manuscripts that are not under review for publication elsewhere can be submitted. Journal of Critical and Intensive Care does not accept multiple submissions even though the previous one was published in a different language.

The 'Journal of Critical and Intensive Care Article Evaluation Flow' is included under **Editorial Policies** tab.

The Journal's aim is to publish qualified research material on the field of intensive/critical care medicine. As well, it aims to facilitate sharing of experience and knowledge through invited reviews and case reports of rare conditions.

Original clinical, basic and translational research articles, case reports and letters to the editor related to intensive/critical care medicine including pediatric intensive care; neurointensive care; intensive care nursing, physiotherapy, respiratory therapy, nutrition and pharmacology in intensive care, as well as acute and emergency medicine are being published. Editorials and review articles are only accepted upon invitation of the editor. The target group of Journal of Critical and Intensive Care is physicians and healthcare staff at clinical and basic science departments who are interested in intensive care.

## ABSTRACTING AND INDEXING

Journal of Critical and Intensive Care is indexed in Web of Science Emerging Sources Citation Index (ESCI), TUBITAK ULAKBIM TR Index, EMBASE, Scopus, EMCare, CINAHL, Gale/Cengage Learning, EBSCO, HINARI, OUCI, SCILIT, ProQuest, ASCI and Türkiye Citation Index.

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## EDITORIAL POLICIES

The Editorial policy is in accordance with the recommendations of International Committee of Medical Journal Editors (<https://www.icmje.org/>) and Committee on Publication Ethics (<https://publicationethics.org/>).

Editorial Board of the Journal of Critical and Intensive Care Medicine carry an important responsibility to maintain the Journal standards. The editorial board is responsible for ensuring that the journal publishes high-quality research. To maintain these standards, the editors are expected to assess each manuscript to determine whether it is within the scope of the Journal and whether it complies with the ethical and publication policies of the Journal.

After an initial screening by the technical secretary, an editor is assigned for the manuscript. An external and independent editor is invited by the Editor-in-Chief for the evaluation processes of manuscripts submitted by the editorial board members of the journal.

The Editor receives an email inviting him/her to assess the new manuscript. On receiving a manuscript, editors should ascertain if it is potentially suitable for publication. iThenticate Similarity Check report is evaluated. Any manuscript found to be unsuitable may be rejected immediately.

### Peer Review Policy

Manuscripts which are found suitable for double blind peer-review are assigned to at least two independent reviewers who are experts in the field. For this purpose, proposed reviewers by the authors may or may not be assigned. Care is undertaken not to assign undesired reviewers if stated in the cover letter. Upon receipt of all peer review reports a decision is made for the article. The editors take into account both the reviewer reports and their own view of the manuscript.

Manuscripts that are found to be unsuitable for publication will be rejected. Manuscripts that need improvement may be recommended a minor or a major revision. A major revision generally denotes that substantial improvement is necessary, while a minor revision usually involves minor corrections. After a minor revision editorial board may choose to proceed without a second peer review. As well, a well presented manuscript complying with Journal guidelines may directly be accepted without any further recommendations. The Editorial Board is the final authority for the decision-making process of all submissions.

Manuscripts of studies with a fundamental methodological flaw, studies which are replicative or highly derivative should be rejected. Major inconsistency with Journal guidelines, inadequate replies to reviewer reports may be causes for rejection.

Solely, subjectively perceived importance and potential low impact of a manuscript should not be the primary reason of rejection, although manuscripts presenting original research are strongly encouraged.

### Research Ethics Policies

The rights, interests, dignity and identity of participants and related persons participating in the research must be respected. Research on humans and animals must be conducted in accordance with Turkish Laws and Legislations in addition to DECLARATION OF HELSINKI Ethical Principles for Medical Research Involving Human Subjects. Institutional and/or national ethical or review board approval should be obtained and presented if required for all types of human and animal researches and case reports even if the research is retrospectively designed depending on the national regulations.

If there are concerns on ethical issues the editors have right to reject or even retract the manuscript if it has been published.

### Informed Consent Policy

A full informed consent must be obtained from the participants of prospectively designed studies and case reports even if the research is non-interventional. In retrospectively designed studies informed consent could be waived but ethical or institutional review board approval is mandatory,

The entire editorial process of article review is carried out using the journal's online article tracking system. "Journal of Critical and Intensive Care Article Evaluation Flow" is as follows.

### Journal of Critical and Intensive Care Article Evaluation Flow:

I- After an article is submitted, it undergoes an initial screening by the technical secretary for:

- a. Any missing file:
  - i. First submission: cover letter, copyright transfer agreement form, disclosure of interest form, author contribution form, document for English editing
  - ii. Submission of revised manuscript: Letter of revision (point-by-point answers to reviewer comments), revised manuscript with highlighted final revised manuscript
- b. iThenticate Similarity Check:
  - i. The manuscript is checked by iThenticate for plagiarism and similarities and the manuscript could be sent to the authors if revision and correction is required.
  - c. Format compliance with Journal standards
  - i. Presentation of abstract, main text, tables, figures and references are checked.
  - d. Blinding of authors, study site or any information that may indicate information about authors or study site.

II- After the initial screening, the manuscript and the iThenticate report is evaluated by the editorial board. Manuscripts considered in the scope of the journal and complying with research and publication ethics are sent for further evaluation for publication to external reviewers for

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blind peer-review. Manuscripts not considered in the scope of the Journal, and manuscripts not complying with the ethical standards will be declined with a notification letter to the corresponding author, without peer review. Invited reviews may be accepted after editorial board review, without peer review.

III- At least 2 reviewers are assigned for a manuscript.

IV- Reviewers are expected to accept or decline the invitation within a **week**. If the reviewer declines or a reply is not received within a week, a reminder email is sent. If there is not a response, the editor is notified, assignment is canceled and a new reviewer is assigned. Reviewers are expected to complete their evaluation in **2 weeks**. A reminder email is sent after the **2 weeks**, and if there is still no evaluation, the assignment is canceled.

V- After revisions of reviewers are completed, editorial board makes a final decision and a notification email is sent to the corresponding author. The Editorial Board is the final authority for the decision-making process of all submissions.

a. Manuscripts accepted for publication directly proceed to preparation for publication.

b. Manuscripts with revision recommendations: Corresponding authors are expected to complete their revisions and submit their articles within a month. If revision is not completed within the time period, a notification is sent and after the second month the article is declined if a revised manuscript has not been submitted or an explanation by the author has not been received.

c. Manuscripts declined: Notification to corresponding author is sent, and reviewer notes are available in the submission system.

VI- Once a manuscript is accepted for publication in the Journal, it is prepared for publication. Proof files are sent to the associate editor and then to the corresponding author. Corresponding author should respond within 3 days. After final editing, the article is published as early online manuscript on the Journal's website and the DOI number is given.

VII- The Journal is an open access journal, and the manuscripts are published in the Journal issues taking in regard the acceptance order.

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## INSTRUCTIONS FOR THE AUTHORS

Journal of Critical and Intensive Care (J Crit Intensive Care) is the scientific and official publication of the Society of Turkish Intensivists ([www.tuyud.org.tr](http://www.tuyud.org.tr)).

The journal is an open access journal, published 3 times a year and all of its contents are freely available with no cost and there is no fee for submission. It accepts manuscripts written only in English and evaluates submissions through its online submission system on the web site [www.jcritintensivecare.org](http://www.jcritintensivecare.org). It publishes original clinical, basic and translational research articles, case reports and letters to the editor related to intensive/critical care medicine and acute medicine. Editorials and review articles are only accepted upon invitation of the editor.

Manuscripts are accepted for publication through an independent unbiased and double-blinded peer review process. Authors are encouraged to suggest reviewers from other institutions; however editorial board will make the final selection of reviewers. As well, the editorial board reserves the right to reject the manuscripts not suitable for publication or the right to return manuscripts to authors for revision.

An approval of research protocols by institutional review board or ethics committee in accordance with international agreements (Helsinki Declaration of 2008 - available at <https://www.wma.net/wp-content/uploads/2018/07/DoH-Oct2008.pdf>, "Guide for the care and use of laboratory animals" - [www.nap.edu/catalog/5140](http://www.nap.edu/catalog/5140).) is required for all research articles. All manuscripts should be prepared in accordance with the latest International Committee of Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (updated in May 2022 - <https://www.icmje.org/recommendations/>).

It is necessary for you to assess compliance with the appropriate EQUATOR checklist for your study. Please find the appropriate checklist at EQUATOR Network.

When reporting the results of a randomized controlled trial, author(s) should use the CONSORT statement as a guide in preparing the manuscript. (<https://www.equator-network.org/>)

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### All submitted manuscripts must comply with the instructions specified below:

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2. During the article submission process, the "Copyright Transfer Agreement" should be scanned and uploaded to the online article system after being signed by all authors. No changes (sorting, deleting or adding) to the authorship are allowed after this stage. In addition, the "Authors' Contributions Form" and "ICMJE Disclosure of Interest Form" must be uploaded to the system. If accepted for publication, the authors agree to transfer the copyright of the article to "Journal of Critical and Intensive Care" and that it be published under CC BY-NC license.
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11. The manuscript will be evaluated by the editorial board for scientific adequacy and then sent to peer-reviewers who could be from the editorial board or independent reviewers.

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12. If revision is required, authors should re-submit within a maximum of 1 month. If additional period of time is required, the editor should be informed.
13. All points of the reviewer(s) should be clarified within the re-submitted manuscript highlighted and a detailed letter stating or mentioning all revisions of reviewers on a point-by-point basis is required during revision. This letter is mandatory and if not provided, the manuscript will be returned.
14. For each submission, submission checklist should be completed and uploaded by the corresponding author.
15. Once the manuscript is accepted, the number or order of authors cannot be changed.
16. Authors are not charged for articles accepted for publication in the Journal of Critical and Intensive Care.

## AUTHORSHIP CRITERIA

(<https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>)

Authors of submissions reporting research findings should meet all four of the criteria of the International Committee of Medical Journal Editors (ICMJE):

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

## Artificial Intelligence (AI)–Assisted Technology

Authors who use artificial intelligence (AI)–assisted technology should describe, in both the cover letter and the submitted work, how they used it. Use of AI for writing assistance should be reported in the acknowledgment section. Authors who used AI technology to conduct the study should describe its use in the methods section in sufficient detail to enable replication to the approach, including the tool used, version, and prompts where applicable. Chatbots (such as ChatGPT) should not be listed as authors because they cannot be responsible for the accuracy, integrity, and originality of the work, and these responsibilities are required for authorship. Therefore, humans are responsible for any submitted material that included the use of AI-assisted technologies. Authors should carefully review and edit the result because AI can generate authoritative-sounding output that can be incorrect, incomplete, or biased. Authors should not list AI

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Manuscripts should be written in Microsoft Word for Windows format, and typed using 12 point Times New Roman font with the row spacing of 1.5-2. The use of abbreviations in the title, abstract, table titles, figure legends and at the beginning of the sentences should be avoided. Abbreviations should be defined in parentheses the first time they appear in the text. Single digit numbers should be written in words in the text. The table at the end of the Instructions for Authors should be taken into account while preparing the article.

**All articles should be accompanied by a separate title page including the following:**

- Name of manuscript
- The full name(s), highest academic degree(s), affiliation(s), ORCID ID numbers
- Name and address for corresponding author (including phone, e-mail address)

**An original research article should include the following sections:**

**1. Abstract:** Under the subheadings of aim, study design, materials and methods, results, conclusion, maximum 250 words.

**2. Keywords:** Four to eight keywords must be supplied, see [www.nlm.nih.gov/mesh/MBrowser.html](http://www.nlm.nih.gov/mesh/MBrowser.html).

**3. Main Body:** The main text should include the following sections: Introduction, Materials and Methods, Results, Discussion and Conclusion. The background in the “Introduction” section should not be too long. Aim(s) or hypothesis must be clearly stated in the final paragraph of the “Introduction”. The “Materials and Methods” section should include study design and statistical analysis and ethics. Unnecessary overlap between tables, figures and text should be avoided. Subheadings should be used in order to provide a better understanding in the “Results” and “Discussion” sections. There should be limitations section in the discussion. The “Conclusion” section should include the main findings of the study in 1 or 2 sentences.

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numbered with Arabic numerals. P values should be provided.

**5. Figures:** Figures should be numbered with Arabic numerals according to their sequence in the text. Each figure should be submitted as separate files using JPG or TIFF format. For each figure, the file name should include the figure number. Expansion of each abbreviation should be listed in figure legend. P values should be indicated in figure legends. If applicable, statistical significance should be indicated by an asterisk on the figure. If the figure is a radiological or a histopathological photograph, an asterisk or an arrow could be used for demonstration.

**6. Figure Legends:** Figure legends should be self-explanatory and should be listed at the end of the text, after tables. Figure legends should be listed consecutively on a separate page. The use of abbreviations should be avoided if possible or expansion of each abbreviation should be listed.

**7. References:** Unpublished data and studies should not be included in the reference list. They must be cited in the text as “name(s), unpublished data” References should be listed according to their sequence in the text. Each reference should be cited in the text by Arabic numerals between brackets ( ). References should be cited in the text right after the referred author. All journal titles should be abbreviated according to the Index Medicus (<http://www.nlm.nih.gov/archive/20130415/tsd/serials/lji.html>). Names of all authors (name and initial) should be listed when there is three or less. When there are four or more authors, the first three should be listed, followed by “et al.” Full title of cited article, title of journal (abbreviated), year of publication, volume of the journal and page numbers should be included after author’s names and initials. If a chapter in a book is cited, name(s) of chapter author(s), title of chapter, name(s) of editor(s), title of book, publisher name, edition of book, year of publication and page numbers should be included.

Examples for;

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O’Malley MK, Rhame FS, Cerra FB, et al. Value of routine pressure monitoring system changes after 72 hours of continuous use. *Crit Care Med* 1994; 22: 1424-30.

#### Chapter in a book:

Celinski S, Seneff MG. Arterial line placement and care. Irwin RS, Rippe JM. Irwin and Rippe’s Intensive Care Medicine. Lippincott, Williams and Wilkins. 6th ed. 2008: 38-48.

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# Journal of Critical and Intensive Care

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Original Article	4000	250 (Structured)	35	6
Review Article	5000	250	70	6
Case Series and Report	1500	150	15	2
Editorial	500	-	10	
Letter to the Editor	500	No abstract	5	1

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# Journal of Critical and Intensive Care

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The Journal publishes the reviewer list every year in the last issue to express the appreciation for the reviewers.

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