

## Instructions to authors

### Open Choice Publication

In addition to the normal publication process (whereby an article is submitted to the journal and access to that article is granted to customers who have purchased a subscription), Springer now provides an alternative publishing option: Springer Open Choice. A Springer Open Choice article receives all the benefits of a regular 'subscription-based' article, but in addition is made available publicly through Springer's online platform SpringerLink. To publish via Springer Open Choice, upon acceptance please visit [www.springeronline.com/openchoice](http://www.springeronline.com/openchoice) to complete the relevant order form and provide the required payment information. Payment must be received in full before publication or articles will be published as regular subscription-model articles. We regret that Springer Open Choice cannot be ordered for published articles.

### 1. Legal requirements

The author(s) guarantee(s) that the manuscript will not be published elsewhere in any language without the consent of the copyright holders, that the rights of third parties will not be violated, and that the publisher will not be held legally responsible should there be any claims for compensation.

Authors wishing to include figures or text passages that have already been published elsewhere are required to obtain permission from the copyright holder(s) and to include evidence that such permission has been granted when submitting their papers. Any material received without such evidence will be assumed to originate from the authors.

Manuscripts must be accompanied by the "Copyright Transfer Statement." The form is regularly published in this journal and can be sent to Springer together with the corrected proofs.

Authors must indicate whether or not they have a financial relationship with the organization that sponsored the research. They should also state that they have had full control of all primary data and that they agree to allow the Journal to review their data if requested. Therefore manuscripts must be accompanied by the "Conflict of Interest Disclosure Statement". The form can be obtained from <http://www.springeronline.com>

Manuscripts submitted for publication must contain a statement to the effect that all human studies have been approved by the appropriate ethics committee and have therefore been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki. It should also be stated clearly in the text that all persons gave their informed consent prior to their inclusion in the study. Details that might disclose the identity of the subjects under study should be omitted.

Reports of animal experiments must state that the "Principles of laboratory animal care" (NIH publication No. 86-23, revised 1985) were followed, as well as specific national laws where applicable.

The Editor-in-Chief reserves the right to reject manuscripts that do not comply with the above-mentioned requirements. The author will be held responsible for false statements or failure to fulfill these requirements.

### 2. Article types

All manuscripts are submitted to peer review.

**Review articles** are usually submitted after prior consultation with the editors and are subject to the peer review process. They should contain a **maximum of 4,000 words** and 75 references. Different types of review articles are published in the journal. This must be discussed with the Editor-in-Chief or one of the associate editors.

Among the different types of review articles, some have a more specific format or purpose, such as Seminal studies in intensive care, Reports from a round table, Reports from a workshop, Statements of working group of ESICM, etc.

**Physiological notes** are short review articles with no more than ten references. The section editor for the series is Michael Pinsky. For more information see: Brochard L (2003) New series in Intensive Care Medicine. Intensive Care Med 29(1): DOI 10.1007/s00134-002-1588-8.

**Original papers must not exceed 3,000 words** and should not include more than 6 illustrations and tables. Note that each separate part of a figure (a, b, etc ...) counts as an illustration. Up to 40 references are permitted. When reporting the results of a randomized controlled trial, author(s) should use the CONSORT statement as a guide in preparing the manuscript (<http://www.consort-statement.org>). If the authors consider that their manuscript needs to be longer than the mentioned limit or contain more figures or tables, they can explain their reasons in the cover letter to the Editor-in-Chief. **For Pediatric original papers the authors are encouraged to propose some potential reviewers.**

**Brief reports** or **Technical notes** should comprise brief original studies or important observational reports. Authors with interesting original studies but with a limited scope or a preliminary nature are encouraged to submit their work to this section. Reports of single cases are discouraged and are accepted only if they are of exceptional interest. They should **not exceed 1,500 words**; 1 or 2 illustrations and up to 20 references are permitted.

**Editorials** are usually commissioned by the editors and comment on one or more articles in the same issue. However, uncommissioned editorials may be submitted and undergo the peer review process. Editorials consist of up to **1,000 words** and up to 20 references.

**Letters to the Editor (Correspondence)** address published articles or contain interesting case studies. They must **not exceed 500 words**, 5 references and 1 figure or table and should be addressed to the Editor-in-Chief. Letters submitted may be subject to shortening and editorial revision.

**Electronic Supplementary Material (ESM)**, showing medical images such as photographs, radiographs or videos can accompany manuscripts for presentation only on the **website** of the journal and not in the printed issue. Other types of ESM can be posted on the website without being printed, such as appendices to manuscripts, additional tables or even special manuscripts. Short letters can be published to accompany **images** of special interest. (see point 5)

**News** items are commentaries on recent events of interest for the medical community regarding sociological, legal or political aspects of medicine or science, for instance. The section editor is François Lemaire. *These articles are not submitted to peer-review.*

### 3. Summary of manuscript processing

#### Initial submittal:

Authors are requested to submit manuscripts in English only to *Intensive Care Medicine* online.

#### Logging in:

In the Manuscript Central Author Center, "File Upload Center", you will upload all files associated with your manuscript submission. **All files will be automatically converted to .pdf format by the system.**

Please connect directly to the site: <http://icm.manuscriptcentral.com>

and upload your manuscript following the instructions given on the screen.

Note – you may already have an account for *Intensive Care Medicine*. Please click the "check for existing account" button; if an account exists, you will then receive an automatic e-mail containing your user id and password. If no account exists, please click "create a new account" and follow the instructions given on the screen.

#### File format:

For **initial submittal and revisions**, submit only *one file* containing your entire manuscript *including figures and tables*

1. The file types allowed include **only** the following: .doc, .rtf
2. Do **not** use other file types, for example, **PDF**, Zip files, Excel spreadsheets, LaTeX files, QuickTime movies, PowerPoint presentations or other image types.
3. With your graphics programme, convert your figures to **.tiff** or **.eps** format before using your word processor to include them in the manuscript you are submitting (see point 5).
4. Each manuscript must have a descriptor (see points 4.2 and 8).

*Please note:* Submissions that do not conform to the above standards will be returned to the authors by the journal staff.

If online submittal is not possible, an author should submit a complete electronic file (using the above file formats) preferably by e-mail to: [journal.icm@hmn.ap-hop-paris.fr](mailto:journal.icm@hmn.ap-hop-paris.fr) or write to:

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Each manuscript must have a **descriptor** (see points 4.2 and 8).

Authors are advised to keep one copy of the complete manuscript on file, since no manuscripts or photographs will be returned. All manuscripts are acknowledged upon receipt. When inquiring about a manuscript, always refer to the serial number assigned to the manuscript.

The Editor-in-Chief reserves the right to reject manuscripts without entering the review process in the event that the topic, the format of the manuscript or ethical aspects are inappropriate or do not comply with the journal's norm, or if the opinion of the Editorial Board is that the likelihood of the manuscript being accepted after reviewing is very low. This procedure is intended to save time for the authors.

#### Fast-track publication

The first decision about a manuscript is taken on average 4 weeks after entering the review process at *Intensive Care Medicine*. This time can be prolonged when additional reviewers are required to help with a difficult decision. Authors thinking that their manuscript deserves a shorter time should contact the Editor-in-Chief (L. Brochard) or the Deputy Editor

(C. Brun-Buisson), through the journal office (Mrs Claire Lauvernier, Tel.: 00 33(0)1 49 81 23 86. Fax: 00 33(0)1 42 07 99 43. journal.icm@hmn.ap-hop-paris.fr) or indicate the reason when submitting the manuscript online.

## 4. Manuscript preparation

### 4.1 General remarks

Manuscripts should be concise. Excessive length will reduce the likelihood of acceptance of the manuscript for publication. **The use of abbreviations is strongly discouraged and should be limited to the most usual.** Do not forget to number the pages of the manuscript to avoid any delay. Use the automatic page numbering function to number the pages.

**English language:** manuscripts are sent from all over the world and frequently from non-English-speaking countries. Although the manuscript is not judged on the quality of English, having the manuscript read by a person whose mother tongue is English or a professional in medical English before submission to the journal is very useful for hastening the review process.

All manuscripts are subject to copy editing.

### 4.2 Text format and style

To help you prepare your manuscript, Springer offers a template that can be used with Winword and Word for Macintosh. The template and instructions are available:

\* via [springeronline.com/journal/134](http://springeronline.com/journal/134)

\* via ftp:

Address: [ftp.springer.de/](ftp://ftp.springer.de/)

User ID: ftp

Password: your own e-mail address

– Directory: /pub/word

– file names: sv-journ.zip or sv-journ.doc and sv-journ.dot

#### General layout guidelines

1. Use a normal, plain font (e.g., Times Roman, Arial) for text.  
Other style options:  
– for textual emphasis use italic type.  
– for special purposes, such as for mathematical vectors, use boldface type.
2. The text must be double spaced, single column, with at least 2.5-cm margins all around. (For paper submission, use white paper and only one side of each page.)
3. Use the automatic page-numbering function to number the pages.
4. Do not use field functions.
5. For indents use tab stops or other commands, not the space bar.
6. Use the table functions of your word processing program, not spreadsheets, to make tables.
7. Use the equation editor of your word processing program or MathType™ for equations.
8. Place figure legends at the end of the text. One page should contain all figure legends.
9. Place tables at the end of the text and each table on a page that is separated from the main body of the text.
10. For submittals during review: it is preferable to include all figures and tables within the text document, resulting in one document to review. For final submittal for publication: submit all figures as separate files and do not integrate them within the text.

#### Title page

- A concise and informative title, **not exceeding 85 characters**. A short subtitle may be added.
- The **full name(s)** (including first name) of the author(s)
- The complete affiliation(s) and address(es) of all author(s)

– The e-mail address, telephone and fax numbers of the communicating author

– A **word count** must be provided for all types of manuscripts, indicating the number of words in the abstract and in the body of the text (excluding abstract, legends, references and tables).

#### Abstract

An **abstract** should precede the main text. It **should not exceed 250 words**. For original articles and brief reports it must be divided into the following sections:

1. **Objective:** the exact question(s) addressed by the article
2. **Design:** the basic design of the study
3. **Setting:** the location and level of the clinical care
4. **Patients and participants:** the manner of selection and number of patients or participants who entered and completed the study
5. **Interventions:** the exact treatment or intervention, if any
6. **Measurements and results:** the methods of assessing patients and key results
7. **Conclusions:** key conclusions including direct clinical applications

#### Descriptor

Select one item in the Descriptor list (see point 9) that best describes the field of the manuscript.

#### Keywords

Up to 6 **keywords** taken from Index Medicus (whenever possible) should be supplied after the Abstract for indexing purposes.

#### Introduction

The **Introduction** should explain the rationale of the study through a short review of the pertinent literature and state the purpose of the investigation.

#### Materials and methods

The **Materials and methods** section should follow the Introduction and should provide enough information to permit repetition of the experimental work. Include a **statistics** section. In case of multivariate analysis, we strongly recommend reading the following articles before conducting and reporting such analyses. The risk of determining risk with multivariable models. Concato et al. *Ann Intern Med* 1993; 118:201–210; Multivariable analysis: a primer for readers of medical research. *Ann Intern Med* 2003; 138:644–650.

#### Results

The **Results** section should describe the outcome of the study. Data should be presented as concisely as possible, if appropriate in the form of tables or figures. Very large tables should be avoided. Results given in the text should not be duplicated in the figures or tables.

#### Discussion

The **Discussion** should be an interpretation of the results, their limits and their significance with reference to work by other authors.

#### References

The list of references should only include works that are cited in the text and that have been published or accepted for publication. A reference for the statistical methods used may be cited.

References such as “personal communications” or “unpublished data” cannot be included in the reference list, but can be mentioned in the text in parentheses. A copy of a cited manuscript in press should be included in the submission. Avoid including too many non-English references and citing abstracts more than three years old.

References should be **numbered in the order in which they appear** in the text and listed in **numeri-**

**cal order**. Journal titles should be abbreviated according to Index Medicus. References should be styled as follows, with correct punctuation:

#### Journal articles:

1. Strain DS, Kinasewitz GT, Vereen LE, George RB (1985) The value of routine daily chest X-rays in the medical intensive care unit. *Crit Care Med* 13:534–539

#### Books:

2. Jeejeebhoy KN (1985) Nutritional support of the critically ill patient. In: Vincent JL (ed) Update in intensive care and emergency medicine. Springer, Berlin Heidelberg New York, pp 152–159

**All authors must be listed in the references (do not use “et al.”).**

If available, the Digital Object Identifier (DOI) of the cited document should be added at the end of the reference in question:

Latronico N, Botteri M, Minelli C, Zanotti C, Bertolini G, Candiani A (2002) Quality of reporting of randomised controlled trials in the intensive care literature. *Intensive Care Med* DOI 10.1007/s00134-002-1339-x

#### Illustrations and tables

All **figures** (photographs, graphs or diagrams) and tables should be cited in the text, each numbered consecutively throughout. For **color illustrations** the authors will be expected to make a contribution (EUR 485, US \$ 534, plus 16% VAT) towards the extra costs, irrespective of the number of color figures.

**Tables** should have a title above and, if needed, a legend at the bottom explaining any abbreviations used. Footnotes to tables should be indicated by superscript lower-case letters or asterisks for significance values and other statistical data. (see also *General layout guidelines*)

**Figure legends** must be brief, self-sufficient explanations of the illustrations. (see also *General layout guidelines*)

## 4.3 Illustrations

Illustrations should be prepared in electronic form whenever possible; non-digital originals should be scanned and vector graphics used. All figures (photographs, graphs or diagrams) should be cited in the text and figure parts should be identified by lower-case roman letters.

Details that might identify patients should be omitted unless absolutely necessary for scientific reasons. Falsification or altering of data should never be used as a means of ensuring anonymity; masking of the eye region in photographs of patients may be inadequate. If identification of patients is unavoidable, the author must guarantee that the reproduction of illustrations in which a patient is recognizable is approved either by the patient him/herself or by his/her legal representative.

#### Electronic Formats

**Scan resolution:** Scanned line drawings should be digitized with a minimum resolution of 800 dpi relative to the final figure size. For digital halftones, 300 dpi is usually sufficient.

**Color illustrations:** Store color illustrations as RGB (8 bits per channel) in TIFF format.

**Vector graphics:** Fonts used in the vector graphics must be included. Do not draw with hairlines. The minimum line width is 0.2 mm (i.e., 0.567 pt) relative to the final size. Vector graphics exported from a drawing program should be stored in EPS format; the EPS file must always contain a preview in TIFF of the figure. Suitable drawing programs include Freehand, Illustrator, Corel Draw, and Designer.

*Raster graphics:* Suitable image-processing programs include Photoshop, Picture Publisher, Photo Paint, and Paint Shop Pro. Most presentation programs, such as Excel, Power Point, and Freelance, produce data that cannot be processed for publication, because they do not support the export of EPS data. Use patterns instead of colors to fill graphics, because monotone reproduction merges colors into gray tones.

#### *General Formats*

*Plates.* Several figures or figure parts may be grouped in a plate on one page, with maximum display area for figures and captions of 17.6×23.6 cm.

*Size of figures.* The figures should either match the width of the column (8.6 cm) or be 13.1 cm or 17.6 cm wide. The maximum length is 23.6 cm.

*Lettering.* Because illustrations are usually reduced in size for publication, lettering must be large enough to permit reduction of up to 30%.

## 5. Electronic Supplementary Material (ESM)

Electronic supplementary material (ESM) for an article in the journal will be published in SpringerLink provided the material is:

- submitted to the Editor(s) in electronic form together with the paper and is subject to peer review
- accepted by the journals Editor-in-Chief

ESM may consist of

- information that cannot be printed: animations, video clips, sound recordings
- information that is more convenient in electronic form: sequences, spectral data, etc.
- large original data that relate to the paper, e.g. additional tables, illustrations (color and black & white), etc.
- expanded methods section, etc.

After acceptance by the journals Editor-in-Chief ESM will be published as received from the author in the online version only. Reference will be given in the printed version.

## 6. Proofreading

Authors should make their proof corrections on a printout of the pdf file supplied, checking that the text is complete and that all figures and tables are included. After online publication, further changes can be made only in the form of an Erratum, which will be hyperlinked to the article.

The author is entitled to formal corrections only. Substantial changes in content, e.g., new results,

corrected values, title and authorship are not allowed without the approval of the responsible editor. In such a case please contact the Editorial office or the Editor-in-Chief before returning the proofs to the publisher.

## 7. Offprints, free copies

Two complimentary copies are supplied. Offprints are available at cost price, provided the order form is returned together with the corrected page proofs. When you order offprints, you are entitled to receive in addition a pdf file of your article for your own personal use.

## 8. Descriptor list

### NEUROLOGY/SEDATION

1. Neurological and neuromuscular disorders
2. Stroke
3. Neurotrauma
4. Brain death
5. Pain management
6. Sedation and anesthesia
7. Neuromuscular blockers

### METABOLISM/RENAL/HEMATOLOGY/GI TRACT/NUTRITION

8. Acid-base balance
9. Electrolyte disorders
10. Renal failure: clinical studies
11. Renal failure: dialysis and hemofiltration
12. Endocrine disorders
13. Hemostasis disorders
14. Hematologic-oncologic issues in the ICU
15. Transfusion
16. Gastrointestinal problems
17. Liver failure
18. Nutrition

### EMERGENCY/TRAUMA

19. Emergency medicine
20. Trauma
21. Cardiopulmonary resuscitation
22. Poisoning/toxicology

### RESPIRATORY FAILURE

23. Acute respiratory distress syndrome (ARDS) and acute lung injury (ALI): experimental models
24. ARDS and ALI: clinical studies
25. COPD exacerbations
26. Mechanical ventilation: clinical studies
27. Mechanical ventilation: patient-ventilator interaction
28. Mechanical ventilation: weaning
29. Mechanical ventilation: complications

30. Ventilator-induced lung injury
31. Non-invasive ventilation
32. Artificial airways and complications

### MONITORING/SCORING

33. Respiratory monitoring
34. Cardiovascular monitoring
35. ICU information systems
36. Severity-of-disease scoring systems

### CARDIOVASCULAR

37. Heart-lung interactions
38. Shock: clinical studies
39. Shock: experimental studies
40. Oxygen consumption and delivery
41. Tonometry, splanchnic perfusion
42. Cardiovascular issues in the ICU
43. Myocardial ischemia
44. Thromboembolic disease

### SEPSIS/INFLAMMATION

45. SIRS/sepsis: clinical studies
46. SIRS/sepsis: experimental studies
47. Multiple organ failure
48. Cell and molecular biology of inflammation and repair: in patients
49. Cell and molecular biology of inflammation and repair: experimental models

### INFECTIONS

50. Pulmonary nosocomial infections
51. Non-pulmonary nosocomial infections
52. Tuberculosis
53. Community-acquired infection
54. Host defenses against pathogens
55. Infections in immunocompromised hosts
56. AIDS-related disorders
57. Fungal infections
58. Viral infections
59. Antimicrobial agents

### OTHERS

60. Ethics
61. Medico-economics
62. Critical care organization
63. Statistics, methodology
64. Pharmacology
65. Obstetrics/gynecology
66. Systemic diseases
67. Genetic polymorphism
68. Hyperbaric oxygen
69. Imaging
70. Transplantation
71. Nursing care
72. Peri-operative care
73. Pediatrics