PREHOSPITAL EMERGENCY CARE

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PREHOSPITAL EMERGENCY CARE publishes peer-reviewed information relevant to the practice, educational advancement, and investigation of prehospital emergency care, including the following types of articles: Special Contributions - Original Articles - Education and Practice - Preliminary Reports - Case Conferences - Position Papers - Collective Reviews - Editorials - Letters to the Editor - Media Reviews

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MANUSCRIPT PREPARATION

Writing should conform to acceptable English usage and syntax. Avoid slang, medical jargon, obscure abbreviations, and abbreviated phrasing. Give measurements in SI units, with values and units using other measurement systems in parentheses where appropriate. Use generic drug names unless the trade name is relevant. With rare exception, surveys should have 75% or greater response rate.

Submit two high-quality hard copies of the manuscript, along with identical Word files on a 3.5-inch floppy or zip disk or CD (no e-mail). The file name on the disk should begin with the words First Submission followed by a brief title. Submit one camera-ready original and one high-quality copy of all artwork, along with the files on 3.5-inch floppy or zip disks or CD. More than one floppy disk may be used as needed. Print all copy, including references, legends, and tables, double-spaced with 1-inch margins on one side of 8 1/2 x 11-inch white bond paper. The entire manuscript should appear in 12-point size or larger. Do not submit the manuscript or art via e-mail.

Original article submissions should contain sections in the following order: 1) title page, 2) study group authorship and/or acknowledgments page if any, 3) abstract, 4) introduction, 5) methods, 6) results, 7) discussion, 8) conclusions, 9) references, 10) tables, and 11) figures and figure legends. Start each section on a new page, beginning with the title page, and number the pages consecutively.

1) Title Page. The title should not exceed 80 characters, including punctuation and spaces. Do not use abbreviations. Include the full names, degrees, and affiliations of all authors or identification of a collective study group; the address, telephone number, fax number, and e-mail address to which requests for reprints and author correspondence should be sent. A short running title; and six or fewer key words from the medical subjects headings book of Index Medicus. If an author’s affiliation has changed since the work was done, list the new affiliation too. Describe each author’s contribution to the conception, performance, analysis, and writing of the manuscript in a cover letter to the Editor. If the manuscript was presented at a meeting, provide the name of the organization and place and date of the meeting.

2) Study group authorship and acknowledgments page. When authorship is attributed to a group, all members must meet the criteria for authorship. Identify the members by responsibility or by institution on a study group authorship page. Acknowledge individuals who have provided assistance or support in a study or manuscript preparation. Identify financial support of the investigation or manuscript development. Describe any financial arrangement that might represent a conflict of interest.

3) Abstract. The abstract should contain 250 words or fewer. An investigation requires a structured abstract, defining Objective, Methods, Results, and Conclusions. Abstracts for other articles need not be structured. Outline the purpose of the article, major points covered, and recommendations developed. Abstracts for literature reviews and annotated bibliographies must specify how the literature was searched and how cited articles were chosen.

4) Introduction. Give a brief explanation of the background and rationale for the study. Include hypothesis statements when appropriate.

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6) Results. Provide descriptive and comparative statistical analyses. Tables and figures that summarize the data should also be introduced in this section. It is appropriate to identify any significant differences that were observed, but interpretation and relevance should be discussed in the next section.

7) Discussion. Highlight the most important findings of the study. Discuss the clinical ramifications, any unexpected results, and how the investigation relates to previous publications. Identify any limitations to the study, and mention potential areas for future investigation.

8) Conclusion. The conclusion should reiterate the answers to the study questions (matching the objectives and/or hypotheses).

9) References. List references in consecutive numerical order (not alphabetically). All citations to a reference should be to the original number. Every reference must be cited at least once in the text or a table. References to journal articles should include, in the following order: a) all authors up to seven; b) title and subtitle if any; c) journal name; d) year; e) volume number; f) issue number (or month), for journals such as JEMS that do not number pages consecutively throughout the year; g) year. Include volume and edition, specific pages, and translators when appropriate. The author is responsible for the accuracy and completeness of the references and text citations.

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11) Figures and figure legends. Figures must be referenced in the text in sequential order. They should clarify and augment the text. Put legend (each 40 words or fewer) on a new page.

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