Information for Authors

*Prehospital and Disaster Medicine* is a peer-reviewed academic journal for the publication of original research, collective reviews, case studies, and correspondence concerning the clinical practice, education, planning, administration, and implementation of prehospital emergency and disaster medical care. It is the official journal of the World Association for Emergency and Disaster Medicine (WAEDM), the National Association of Emergency Medical Services Physicians (NAEMSP), and the Acute Care Foundation (ACF). *Prehospital and Disaster Medicine* is published quarterly.

The primary audience for *Prehospital and Disaster Medicine* is physicians and paramedical personnel directing, receiving, or participating in the treatment of victims of sudden illness or injury before hospital arrival or with responsibility for the care of disaster victims. Other audiences include emergency medical services (EMS) system administrators, educators, and those responsible for disaster rescue or relief operations.

**Peer Review and Editorial Commentary**

All materials, including advertising, are reviewed by members of an editorial board comprised of individuals internationally respected in their fields. Manuscripts will be reviewed by at least two members of the editorial board or by consultants to the Editor. Pertinent comments from the reviewers will be forwarded to the authors whether or not the manuscript is accepted for publication. To maintain as much objectivity as possible, the identity of the authors and their institutions will not be revealed to the reviewers.

In a separate process, after acceptance for publication, manuscripts, including any revisions required for acceptance, will be sent to at least two reviewers who will discuss the relevance, methods, conclusions, and potential impact of the work.

Descriptive papers and collective reviews will receive the same scrutiny as those presenting scientific research. Brief Reports, Case Reports, and Correspondence also may be submitted for publication in a format generally consistent with the General Submission Requirements (below) and will be given appropriate editorial review.

**General Submission Requirements**

1. *Previous Publication*—Manuscripts will be considered only if they have not been previously published and are not under consideration for publication elsewhere. Manuscripts accepted for publication in *Prehospital and Disaster Medicine* may not be published elsewhere, in any form, without the written permission of the Editor.
2. *Copyrights*—After acceptance for publication, the copyright to the manuscript rests with the journal.
3. *Cover Letter*—All manuscripts should be accompanied by a cover letter from the primary author that attests to the original nature of the material, that the paper has not been published previously and is not under consideration by any other publication, and that the authors agree to transfer copyright to *Prehospital and Disaster Medicine* if accepted for publication. The institution(s) in which the work was performed, the sponsoring institution(s), and the respective department(s) must be annotated. The granting institution(s) should be indicated if the work was supported all or in part by grants or endowments. If the paper has been, or is to be, presented orally, indicate the title of the forum, sponsoring organization, and the presentation date. Specify the name of the author with whom any correspondence should be directed and include that author’s affiliation, correspondence street address, telephone number, and, where available, a FAX number, electronic mail service and account number. Should a personal computer word processor be used to prepare the manuscript, include a disk version of the manuscript (see *Electronic Versions of Manuscripts*).
4. *Language*—All manuscripts must be submitted in English.
5. *Paper, Margins, and Type Style*—Manuscripts should be submitted on plain white paper, 8.5" by 11" (21 by 28 cm.), double spaced, with 1" (2.5 cm) margins on all sides. Do not use right justified margins. To allow the use of optical scanners that read manuscripts into computers, use standard type styles in 10 or 12 point size or pitch. Do not use bold, italicized, superscript, or subscript characters. Indicate corrections, subscripts, superscripts, and other character formatting in red pen in the side margins. Indent the first word of each paragraph by five spaces or .25" (0.6 cm).
6. *Cover Page*—Each manuscript should include a cover page that contains the title of the paper, first names, initials, last names, and the highest academic degrees of all authors. Reiterate the cover letter inclusion of the name of the author with whom any correspondence should be directed and include that author’s affiliation, correspondence and street address, telephone number, and, where available, a FAX number, electronic mail service and account number. Do not indicate author names or institutions anywhere in the manuscript other than on the cover page and abstract. This will allow the body of the manuscript to be reviewed with greater assurance of objectivity.
7. *Keywords*—On a separate page, show the title of the manuscript and 3 to 6 keywords.
8. *Generic Names*—Whenever possible, use generic names. Brand names may be indicated parenthetically and the name and location of the manufacturer must be provided as a footnote.
9. **References** — References should be cited in the sequential order in which they appear in the text. All references should be parenthetically cited by full-sized Arabic numbers in the text, tables, and legends for illustrations. Titles of journals referenced must be annotated using standard *Index Medicus* abbreviations and must be underscored. Unpublished data or personal communications should be referenced and should include the dates of such correspondence. The following format for references should be used:

- **Journals:** Duerner P, Frey RE, Kassuehike MS, et al: Medical attendance in air transportation of patients. *J World Assoc Emerg Disaster Med* 1985; 1:50-54.
- **Books:** Schwartz GR, Safar P, Stone JH, et al (eds): Principles and Practice of Emergency Medicine. 2nd ed, Philadelphia: W.B. Saunders Co., 1985, pp 1198-1202.
- **Chapters:** Lindberg R: Pathology of head injuries. In: Pathophysiology of Shock. Cowley RA, Trump BF (eds). Baltimore: Williams and Wilkins, 1982, pp 588-592.

10. **Abbreviations** — Abbreviations for groups of words may be used only for unusually cumbersome titles or for commonly accepted abbreviations. Whenever such abbreviations are used, they must be annotated with the initial mention of words within the manuscript followed by the abbreviation in parentheses. Standard scientific abbreviations may not be sub- or superscripted. Typical of such abbreviations are PaO2, SaO2, PtcO2, VO2, C(a-v)O2, FIO2, P(A-a)O2, Hgb, Hct, etc. Abbreviations which may have multiple interpretations, such as cardiac output and carbon monoxide, may not be abbreviated when they appear together in a paper. Use ml rather than cc for fluid volumes. All hemodynamic pressures should be in mmHg. Gas tensions should be expressed in torr.

11. **Tables** — Tables must be numbered as referenced in the text and each typed on a separate page.

12. **Figures** — Illustrative materials must be of professional quality and camera-ready (e.g., glossy camera-ready reproductions or PMTs). All such materials should be submitted as large as possible up to 8.5" by 11" (21 by 28 cm.) and have sufficient resolution for clarity when subsequently reduced to 3-inch margin size. Color illustrations may be submitted only if they are essential to the clarity of the issue they are addressing. Legends of figures are to be typed with double spacing on a separate page with reference to the number of the figure. The manuscript title, figure number and an arrow to indicate the top of the illustration must be annotated on the back of each figure. Radiographs must be on high-contrast, glossy prints with black areas identical to the original films.

13. **Permissions** — Illustrations or tables of materials from other publications must be accompanied by written permission from the authors and publisher of the document in which they originally appeared.

14. **Electronic Versions of Manuscripts** — Should a personal computer word processor be used to prepare the manuscript, a diskette with a copy of the manuscript document file would be appreciated. If possible, send a normal copy of the file in the format used by the word processor as well as another copy of the document saved as an unformatted ASCII file. Our support services have the ability to transfer files from most major computer systems and word processor file formats into the equipment used in our offices for the editorial and production process. The most readily interpreted are from MS-DOS and Apple Macintosh systems. Please indicate the type of computer, name of the word processor software, and the name of the disk file(s) in the cover letter. Submission of electronic versions of manuscripts facilitate faster editorial review and publication, but are not required.

**Submission Requirements for Scientific Papers**

1. **Abstracts** — Abstracts must be concise summaries of the need for the study, methods, results, and conclusions. Abstracts must be provided on a separate page and limited to 150 words, exclusive of the title, authors, and participating institutions.

2. **Methods** — The methods section should be sufficiently descriptive or referenced so that other workers in the field would be able to reproduce the experiment.

3. **Results** — Results may be provided in the form of tables and figures as well as written text. The text must explain, in detail, data provided as tables or figures but should not be unnecessarily redundant. All of the direct results from the study must appear in this section.

4. **Discussion** — The discussion section should interpret the results in terms of meaning and applicability. Results should not be repeated unnecessarily in the discussion. Computations or extrapolations which may help to explain the results may be provided in this section. The final paragraph of the discussion should summarize the paper and the conclusions which may be drawn from the work. In addition, the discussion should include suggestions for future research. References in positive or negative support for the explanations must be annotated with such comparisons.

**Significant Figures** — Numbers expressed with greater significant figures than the accuracy inherent in the measurements should be rounded off to that accuracy: e.g., mean PaCO2 34±2 torr rather than 33.8±2.1 torr.

**Submission Requirements for Collective Reviews**

Collective Review papers are to be submitted only upon the invitation of the Editor. These works will be presented in conjunction with a testing instrument to facilitate the awarding of recognized continuing medical education credits. Authors that wish to submit collective reviews are encouraged to make inquiry to the Editor for further information and specific submission requirements.

**Additional Information**

For any additional editorial information, please contact Marvin L. Birnbaum, M.D., Ph.D., Editor, *Prehospital and Disaster Medicine*, 1552 University Avenue, Rm. 434, Madison, Wisconsin, USA 53705, (608) 263-2069.
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