AUTHOR GUIDELINES

Scope of the Journal

Journal of Society of Anesthesiologists of Nepal (JSAN) is an official publication of the Society of Anaesthesiologists of Nepal (SAN).

It is an indexed, peer-reviewed, open access medical journal that is published with the aim of highlighting the scientific advances in the field of anaesthesia, intensive care, pain medicine and allied sciences. Open access is funded by the Society of Anesthesiologists of Nepal.

The journal provides a platform for anesthesiologists, intensivists and pain practitioners to share their views, finding of their scientific research, and experiences.

Journal of Society of Anesthesiologists of Nepal

These guidelines are based on recommendations of ICMJE and COPE, and are developed based on template offered by ISMTE.

Contact information for the Journal Editorial office and Publisher:

Journal of Society of Anesthesiologists of Nepal
Society of Anesthesiologists of Nepal
Siddhi Sadan, NMA Building
Exhibition road
Kathmandu, Bagmati, 44600, Nepal

Submit your articles

@

www.jsan.org.np

Manuscripts should be submitted only through the website

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Article types accepted by the journal

Manuscripts submitted must be within the area of interest of JSAN. It should provide knowledge, be original in authorship, be based on adequate records, and must have significant finding. Editorial and peer reviewers will evaluate the suitability of the manuscript for publication. The language of publication is English. The author should clearly specify the type of article being submitted. However, the category under which the article will be published will be decided by the editorial board.

JSAN publishes articles under the following headings: (specific instructions on each article type are presented below in the table)

Editorials: An editorial is a leading article written by a member of the editorial board or an invited guest. Editorials may or may not reflect the opinion of the journal.

Viewpoint: Viewpoint section gives the opportunity to the authors to examine and debates the current and future issues of the speciality from a personal perspective. This section is a forum for dialogue between individuals and/or organisations interested in the development of a novel idea in the speciality.

Special article: Special articles are unstructured papers from history, contemporary issues in the speciality, education, demography and may include personal opinions.

Original article: Original articles are complete descriptions of current original research findings expressed in a structured format. An article with an expression of data in the form of ratios and percentages may not be published as original research and may be changed to clinical audit.

Case reports: A case report is a short report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports usually describe an unusual or novel occurrence. Reports of just a rare case without expression of a novel idea will not be entertained.

Clinical Audits: Clinical audits are published as a quality improvement process that seeks to improve patient care and outcomes through comparison of performance with criteria and standards.

Review articles: Review Articles are comprehensive papers that organize previously published ideas and suggest new ones. Abstract of a systematic review article should be structured but may be unstructured for a clinical review and is a summary of the key points of the article.

Letter to the editor: Letters to the editor should be short, objective, and constructive and may offer criticism of published material. Letters also may discuss matters of general interest to anesthesiologists, without specific linkage to recently published articles.

Guidelines for specific article types

Article Type	Description	Word limit	Structured / Unstructured Abstract	Abstract word limit	References limited to	Guidelines for writing the text available at
Editorial	written by a member of the editorial board or an invited guest	No limit	Unstructured	150	No limit	
Viewpoint	examine and debate the current and future issues	1000	Unstructured	150	10	
Special Article	papers from history, contemporary issues, demography; may include personal opinions	No limit	Unstructured	150	50	

Original Article	complete descriptions of current original research findings	3000	Structured	250	30	Consort checklist. Strobe checklist, Arrive Guidelines
Case Report	short report describing an unusual or novel occurrence in an individual patient	1000	Structured	250	10	Care checklist
Review article	comprehensive papers that organize previously published ideas and suggest new ones	5000	Structured (Systematic review) / Unstructured	250	50	Prisma checklist
Letter to the editor	discuss matters of general interest or may offer criticism of published material	500	Unstructured	100	5	

Organization and basic formatting of the manuscript

The prepared manuscript should follow the description as provided to each element in the following table.

Element	Description
Use of Language	Uniformity in the English Language is required (either British or American English uniformly) There should be no abbreviation in Title and Abstract Use abbreviations only if it is to be used more than 5 times in the text Abbreviation spelt out in full for the first time Avoid repetition of same words and waste words Do not use '&' and '@' in the text Format the manuscript in a single column Do not use any special typeface for emphasis (no bold or italics in the text)
Use of Numbers	Numbers less than 10 should be written in words. Words should begin a sentence. Numbers less than 1 and greater than -1 should begin with 0 (e.g. -0.01)
Percentage sign, units and decimal placement	Do not use a space between a number and its percent sign Use one space between a number and its unit Report percentages to two decimal place if the sample size is larger than 100 Do not use decimal places if the sample size is less than 10 Do not use percentages if the sample size is less than 20
Font	12-point, Times New Roman
Line spacing	Double-spaced throughout
Margins	One inch (2.5cm)
Page size	A4
Page numbers	Not required
Line numbers	Not required
Title style and headings	Sentence case (neither all caps nor capitalize each word)
Required layout (three separate docx files for double blind peer review)	Three separate docx files for ease of blinding during peer review File 1: Title page (online submission as supplementary file) File 2: Cover letter (online submission as supplementary file) File 3: Text of the article (online submission as the main document)
Title page	The title of the manuscript. Provide a title that is concise, specific, and informative. Authors' full names (First, Middle and Last) Authors' Advanced degrees and institutional affiliations Corresponding author's full name, address, telephone and fax numbers, and e-mail address. Prior presentations. Give the name, date, and location of any presentation Word count for abstract Word count for the text excluding title page, abstract, references, tables and figures. Numbers of tables and numbers of figures.
Cover letter	Briefly describe the article and its unique contribution to the literature. (What is known about the topic, what remains unknown or is problematic, what was done to solve the problem and what was the result or what was found.) List any previous presentations of the work and any related manuscripts.
Text of the article	Title, Abstract, Introduction, Methods, Results, Discussion, Tables and Figures should be placed as they appear in the text Conflict of Interest statement, Acknowledgements, Sources of funding, References
Accepted file format	Text files are accepted only as a *.docx file.

Tables (style and formatting)

Authors should use tables to present detailed and important data and the table should be descriptive enough to be understandable without the text.

Title of the table	The first sentence functions as the title for the table (and figure) and should clearly indicate what results are shown in the context of the study question. The title draws the reader's attention to what you want them to notice
Table vs Text	Consider using text instead of tables if one or two sentences can be used to describe the data.
Rows and Columns	Tables should be formatted so that they have to be read horizontally (left to right) – the natural reading style and not vertically (top to bottom)
	Arrange data in a table such that each row is complete in itself and the different rows can be compared to each other
	Units should be written in the column headings for all columns that require units
Accuracy	Numerical data should be presented accurately and p-values should be written as numbers and not as significant or not significant
Rule of only 3 horizontal lines	A scientific table has usually only three horizontal lines (above and below the column headings, below the table) and no vertical lines
Footnotes for a table	Footnotes just beneath the table should be used to correctly link the appropriate parts of the table and to describe the abbreviations used on the table.
Appendix	If the data you have to present is extensive and would make the tables too cluttered or long, consider making the tables a part of the Appendix or supplemental material.

Artwork/figures

For the best quality of final product, it is highly recommended that you submit all your images in the text and as a separate supplementary file in an electronic format also.

Image	Preferred 1200 x 800 pixels Resolution: 300 dpi (plain) -600 dpi (labeled) Minimum width: 3-5 inches (ensures appropriate number of pixels for clear printing) File types: tiff (preferred for its lossless compression), jpeg/png accepted but not preferred
Graphs, flowcharts, and diagrams	Resolution: 1200 dpi (line art) or 600 dpi for combination figures (line art with images) File types: Tiff, native (Excel), or vector formats (Pdf) allow for limitless resolution and editability

Citations and references

Format references in accordance with the Vancouver Style. Please provide the DOI link and PMID if available. Note that for journal article the month and issue numbers are omitted and there are no spaces after the year of publication.

Reference type	Example
Journal Article < 6 authors	Rhee K, Kang K, Kim J, Jeon Y. Intravenous clonidine prolongs, bupivacaine spinal anesthesia. Acta Anaesthesiol Scand 2003;47:1001-5. http://dx.doi.org/10.1034/j.1399-6576.2003.00158.x [PMID:12904193]
Journal article > 6 authors	Dobrydnjov I, Axelsson K, Thorn SE, Matthiesen P, Klockhoff H, Holmstorm B, et al. Clonidine combined with small dose bupivacaine during spinal anesthesia for inguinal herniorrhaphy: a randomized double blinded study. Anesth Analg 2003;96:1496-503. http://dx.doi.org/10.1213/01.ANE.0000061110.62841.E9 [PMID:12707157]
Book Chapter	Ovassapian A. Fiberoptic tracheal intubation in adults. In: Ovassapian A (ed): Fiberoptic Endoscopy and the Difficult Airway, 2nd ed. Philadelphia: Lippincott-Raven Publishers, 1996:71-103.
Book: Personal author(s)	Rang HP, Dale MM, Ritter JM, Moore PK. Pharmacology. 5th ed. Edinburgh: Churchill Livingstone; 2003.
Book: Editor(s) or compiler(s) as authors	Beers MH, Porter RS, Jones TV, Kaplan JL, Berkwits M, editors. The Merck manual of diagnosis and therapy. 18th ed. Whitehouse Station (NJ): Merck Research Laboratories; 2006.
Website	Drug-interactions.com [homepage on the Internet]. Indianapolis: Indiana University Department of Medicine; 2003 [updated 17 May 2006; cited 30 May 2006]. Available from: http://medicine.iupui.edu/flockhart/

Supplementary material

All supplementary materials including cover letter and title page should be uploaded to the online submission system as supplementary files.

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Authors are encouraged to place data in open repositories to share data.

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Currently, the journal does not publish articles that might constitute threats to national security.

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Pre-submission inquiries

If you have pre-submission inquiries, send an email to the editor at jsan2070@gmail.com

Peer review process and policy

Journal of Society of Anesthesiologists of Nepal (JSAN) follows a double-blind review policy, makes every effort to complete the peer review process and notify the corresponding author as soon as possible after receiving a complete submission. All articles are evaluated by at least two editors. Selected manuscripts undergo further review, typically by 2-4 peer reviewers. Manuscripts are assessed based on their originality, regional and global importance of results, clarity of discussion, the contribution to new knowledge, and potential impact on health, health care, policy, and future inquiry.

The reviews and the reviewers are confidential and are not published.

The authors may suggest reviewers but the editorial board holds right to choose the reviewers.

Authors are requested to adhere to published guidelines to report their findings, e.g., CONSORT checklist for randomized trials, STROBE checklist for cohort, case-control, and cross-sectional studies, Arrive guidelines for reporting animal studies, Care checklist for case reports, Prisma checklist for systematic reviews and Meta-Analysis. The authors are requested to read about the reporting guidelines in the editorial published in JSAN 2016 September issue.

Conflict of interest and Sources of Funding

A conflict of interest exists when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain). Conflicts can occur for other reasons, such as personal relationships or rivalries, academic competition, and intellectual beliefs. Financial relationships (such as employment, consultancies, stock ownership or options, honoraria, patents, and paid expert testimony) should be reported.

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Authorship and acknowledgements

Authorship

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1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. 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.

In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

All the authors must fill and sign an authorship form which contains a separate 'Author Contributions' section send by the editor right after submission of the article.

The principle author and the corresponding must submit their ORCID ID (digital identifier) at the time of submission. To get ORCID IDs, please log on to their website http://orcid.org/. Co-authors are also encouraged to submit the ORCID IDs.

Acknowledgements

Contributors who meet fewer than all 4 of the above criteria for authorship should not be listed as authors, but they should be acknowledged at the end of the text. Examples of activities that alone (without other contributions) do not qualify a contributor for authorship are the acquisition of funding; general supervision of a research group or general administrative support; and writing assistance, technical editing, language editing, and proofreading.

There is no need to acknowledge coauthors or colleagues who participated in the treatment of the patients but did not have any contribution to the development of the manuscript being submitted or the editors and reviewers of this journal involved in the review process.

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Authorship of the paper (as described in the authorship and acknowledgements section)

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private information. A case report requires submission of an informed consent for publication from the patient or his/her authorized personnel and the manuscript should maintain the patient's anonymity.

Use of patient images or case details: Images of patients or volunteers submitted for publication require ethics committee approval and informed consent, which should be documented in the paper and submitted as a supplementary file.

All the ethical issues will be dealt in the editorial board meeting and will be managed according to COPE (Committee on Publication Ethics) guidelines. JSAN has endorsed and acts in accordance with the codes of conduct and international standards established by the COPE.

Online submission system

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Pre-submission Checklist

- ✓ Organization, Language and Formatting as per requirements
- ✓ Institutional Review Board's approval letter for Original Research Article
- ✓ Consent of patients/relatives for publication of case reports
- ✓ Authors: First Middle and Last names, Institutional affiliation and Department and Rank, ORCID IDs
- ✓ Abstract (Limited to 250 words, no abbreviations in the abstract)
- ✓ Keywords (MeSH Terms separated by semicolons)
- ✓ Abbreviations (Remove all the abbreviations from the title and abstract, spell out full for the first time in the text)
- ✓ Article text (As per reporting guidelines), tables as per requirements, artwork/figures preferably in tiff file format)
- ✓ Acknowledgements (include those who did not meet the criteria of authorship)
- ✓ Statement on Funding and Sources of Support
- ✓ Conflict of interest statements (use the ICMJE COI form to generate the statement)
- ✓ References (in Vancouver style, Provide DOIs and Pubmed Hyperlinks if available)
- ✓ Appendices as supplementary material
- ✓ Submit all materials online.
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  - Second *.docx file: Title page (submit as a supplementary file in step 4)
  - Third *.docx file: Cover letter (submit as a supplementary file in step 4)
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