Colombian Journal of Anesthesiology
Revista Colombiana de Anestesiología

Instructions for Authors

1. Scope and objectives

The ***Colombian Journal of Anesthesiology*** is a publication of the Colombian Society of Anesthesiology and Reanimation (S.C.A.R.E., in Spanish,) which issues quarterly original articles in all areas of anesthesiology, perioperative medicine, intensive care, pain medicine and palliative care including basic science content, clinical practice, technological updates and innovation, and related areas such as epidemiology and public health. The purpose of the Journal is to disseminate and publish national, Latin American and worldwide knowledge related to the specialty and its related areas.

Instructions for authors of the *Colombian Journal of Anesthesiology* adhere to the editorial policies of the International Committee of Medical Journal Editors (ICMJE) and the Committee on Publication Ethics (COPE). The journal's policies can be consulted in the corresponding section of these instructions for authors.

2. Types of articles

The Journal publishes the types of articles listed in Table 1, which also includes the maximum length and number of bibliographical references. Occasionally, the Journal may call for articles other than those described below, only at the request of its editorial committee.

Table 1. Article Types and Characteristics

Type of article	Classification	Maximum length (excluding references)	Maximum number of tables or figures	Maximum number of references
Clinical, experimental, basic and applied research	Original paper	4000 words	4-6	30-40
Health Education Research	Original paper	4000 words	4-6	30-40
Systematic literature review	Original paper	7500 words	4-6	30-40
Non-systematic or narrative reviews	Original paper	4000 words	4-6	30-40
Evidence-based clinical practice guidelines	Original paper	7500 words	4-6	30-40
Case report or case series report	Original paper	2000 words	1-2	15
Special Images	Original paper	300 words	3-4	5
Editorial Articles	Not applicable	2000 words	1-2	10
Reflection articles	Not applicable	2000 words	1-2	10
Academy Briefs	Not applicable	1000 words	1-2	10
History of medicine specialties and related areas	Not applicable	2000 words	3-4	20
Letters and Responses to the Editor	Not applicable	250 words	1	10
Book reviews	Not applicable	500 words	1	10

3. Manuscript Preparation

The Journal's editorial management is carried out through Wolters Kluwer's editorial management platform. The entire reception, revision, edition and publication process is done through the virtual management site http://www.editorialmanager.com/rca/ which is linked to the Journal's website http://www.revcolanest.com.co.

The Journal receives manuscripts written in Spanish and English (American,) which must be written in clear and grammatically correct language. All sections of the standard manuscript structure must be included in a single text file, except for tables and figures, which must be presented in separate files. Spacing should be 1.5, the font type and size must be Arial 12 pt and must not include line numbering. The acceptable file types for the manuscript (both text and tables) are .doc and .docx. Other non-editable formats, such as .pdf, are not acceptable. Manuscripts that do not comply with the format requested by the Journal will be sent back to the authors for modification before starting the editorial process.

3.1 Standard structure of a manuscript

- Title page
- Summary and key *words (abstract and key words)*
- Adherence to international guidelines for transparent and complete research reporting
- What do we know about this problem and what does this study contribute?
- Introduction
- Methodology
- Results
- Discussion
- Acknowledgements
- References
- Tables (including title, legends and source)
- Figures (including title, legends and source)
- Complementary Digital Content (CDC)

3.1.1 Title page

This is the initial presentation of the manuscript. It must contain the following elements:

- *Title*. Include a descriptive title of the paper; the title should not be a sentence. Private or brand names may not be used for drugs or agents in titles of articles. Include the study design in the title; for example, "randomized controlled study" or "systematic review" or "case report." Titles should be as informative and complete as possible and should be presented in Spanish and English, with a maximum of 12 words.

- *Authors and affiliations*. Authors' names should be written in the following order: full name(s) and surname(s) of each author and their highest-level medical and academic degrees. Name of all departments and institutions to which the paper is to be attributed. In the case of papers by a large group or a center, the list of authors should include the persons whose contributions meet the ICMJE authorship criteria, as well as the name of the group. If the article is submitted on behalf of a consortium, the names of all authors and their affiliation should be listed at the end of the article. Each author must include his/her Twitter account, or at least have one for the correspondence author.

  In any case, the Contribution of Authors section should clarify the contribution of each author in the making of the manuscript and their designation should be strictly according to the ICMJE's authorship criteria.

- *Address for correspondence*. One of the authors must be designated to be the correspondence author and include a current e-mail address and institutional physical address. Using personal addresses should be avoided.

3.1.2 Abstract and key words

All *original* articles must include a structured abstract of up to 250 words, with the following sections: Introduction (including main objective), methodology, results and conclusions. Each section should respectively describe the studied problem, how the study was conducted, the main results and the authors' conclusion vis-à-vis the results. This section should not include references. Conventional *non-systematic reviews* should include an unstructured abstract of up to 250 words. Abstract information must be consistent with the content in the manuscript body. For *systematic reviews* and *controlled clinical trials,* the final section of the abstract should contain the registration codes of their respective protocols.

Each article must have between 5 and 7 keywords separated by semicolons. These should be judi-

ciously and strictly selected from the DeCS and MeSH Spanish and English languages glossaries, respectively, and be representative of the title of the manuscript.

The section ends with the translated American English version of the *abstract* as well as the corresponding *key words*.

3.1.3 Adherence to international guidelines for transparent and complete research reporting

The "Enhancing the Quality and Transparency of Health Research" Network (EQUATOR) was created to monitor and disseminate the appropriate use of guidelines to improve the quality of scientific publications by promoting transparent and accurate reporting of human subjects, health services and animal research.

As recommended by the EQUATOR Network and in full adoption of its indications, the Journal recommends compliance with applicable statements or guidelines and checklists for all research-related manuscripts. Adherence to these guidelines improves the completeness of the original research and generally increases the chances of receiving more complete and appropriate judgments and reviews through the editorial process. Adhering to applicable guidelines and their checklists promotes completeness in crucial aspects in reporting any manuscript.

Authors should consult the EQUATOR Network website (http://www.equator-network.org/) or the website of each statement for the most recent version. The corresponding study checklist should be completed and uploaded into the complementary file category at the time of initial submission of the manuscript (table 2).

Table 2. International guides and their application in each type of article

Type of article	Recommended guide. Related Statement	Declaration website
Cross-sectional studies	STROBE cross-sectional studies	http://www.equator-network.org/reporting-guidelines/strobe/
Case studies and controls	STROBE case-control studies	http://www.equator-network.org/reporting-guidelines/strobe/
Cohort studies	STROBE cohort studies	http://www.equator-network.org/reporting-guidelines/strobe/
Studies considering diagnostic test designs	STARD	http://www.equator-network.org/reporting-guidelines/stard/
Studies designed to evaluate prognosis or predictive performance	TRIPOD	http://www.equator-network.org/reporting-guidelines/tripod-statement/
Quality of care improvement studies	SQUIRE 2.0	http://www.equator-network.org/reporting-guidelines/squire/
Qualitative research studies	SRQR	http://www.equator-network.org/reporting-guidelines/srqr/
Economic evaluation studies	CHEERS	http://www.equator-network.org/reporting-guidelines/cheers/
Animal research studies	ARRIVE	http://www.equator-network.org/reporting-guidelines/improving-bioscience-research-reporting-the-arrive-guidelines-for-reporting-animal-research/
Controlled clinical trials	CONSORT	http://www.equator-network.org/reporting-guidelines/consort/
Systematic literature review	PRISM	http://www.equator-network.org/reporting-guidelines/prisma/
Clinical Practice Guidelines	AGREE	http://www.equator-network.org/reporting-guidelines/the-agree-reporting-checklist-a-tool-to-improve-reporting-of-clinical-practice-guidelines/
Case reports or case series reports	CARE	http://www.equator-network.org/reporting-guidelines/care/

3.1.4 What do we know about this problem and what does this study contribute?

All articles classified as *original papers* under the Journal typology must include this section, which will appear below the structured abstract and will present a quick and concrete view of the article's background and results. This section should have the two short subheadings mentioned, and its content should be as brief and explanatory as possible with a maximum of three sentences per subheading. The maximum length of this entire section should be 130 words. For example,

What do we know about this problem?

- Several ultrasound parameters have been described to evaluate hemodynamic response to fluid delivery.
- Transfontanellar ultrasound can easily be used in young children, mainly in the anterior fontanel where the internal carotid artery can be assessed.
- Previous studies have identified a relationship between response to fluid administration and respiratory variation with the maximum velocity of arterial blood flow in the ascending aorta and/or its proximal branches.

What does this new study contribute?

- In infants undergoing cardiac surgery, respiratory variation in the maximum velocity of internal carotid artery blood flow measured by transfontanellar ultrasound is associated with an increase in systolic volume in response to a bolus of intravenous fluids.

3.1.5 Introduction

In general, a manuscript's introduction should not exceed 250 words. This section should contain: 1) the problem's background, 2) what is known and not known about it, and 3) what is the interest of the research or the hypothesis under study.

The introduction should provide the reader with clear and concise background information on the problem. Previous studies supporting the research should be explicitly referenced and briefly described. This section must always end with the clear objective of the study in the last paragraph.

3.1.6 Methodology

This section should provide clear information on the methodology used to conduct the study. It should be concise, but sufficient and complete.

It should begin with the type of study and contain the following sections (which may or may not be subheadings): type of study (research design), ethical approval for conducting the study, studied population, inclusion and exclusion criteria, data collection or study conduction and end with statistical analysis.

Although brevity is key, the Methodology section should be described in sufficient detail to allow the experiment or study to be interpreted and, if required, replicated. Avoid a detailed description of previously published methods and cite the appropriate reference.

- *Ethical approval*. All articles based on original data, derived from animal or human studies, should include a statement of ethical approval in the Methodology section. This paragraph should contain the following information: name and address of the responsible ethics committee, protocol number assigned by such ethics committee and date of approval by the ethics committee.

  For example, the paragraph should read: "This study received ethical approval (Ethics Committee No. NAC 207) from the NAC Ethics Committee of University Hospitals in Geneva, Geneva, Switzerland, on February 12, 2015."

  In addition, for studies or case reports involving human participants, clear reference should be made in the text to obtaining the written informed consent of study participants; the latest version of the Declaration of Helsinki should also be consulted. For animal experiments, the guidelines for animal care and the licenses applied to conduct the study should be mentioned and reported in accordance with the ARRIVE statement (Animals in Research: Report of In Vivo Experiments). If the authorization of ethics bodies is not necessary, or if there is any deviation from these ethical requirements, the reason must be stated. Publishers may request evidence of authorization from ethics bodies. If you have the approval of a national drug agency (or similar), you should mention it and provide the details, as it will be particularly useful when it comes to the application of unregistered drugs.

  It is essential to protect the patient's right to privacy. Copies of informed consents in which patients or other experimental subjects explicitly grant their authorization for the publication of photographs or other materials allowing their identification should be collected and kept. If

you do not clearly include this in your research consent form, you must obtain that authorization or remove the identification material.

A statement regarding obtaining such consent should be included in the Methodology section of the article. If necessary, editors may request a copy of the informed consents.

- *Pre-registration of clinical trials and systematic reviews*. If the article submitted for publication is a controlled clinical trial, authors must attach the protocol registration number in a registry of controlled trials (such as www.ClinicalTrials.gov or http://eudract.emea.europa.eu) and the precise reference of its previous publication as a protocol, should it exist. Considering current scientific trends and international regulations, if the evaluated manuscript is a clinical trial and has no prior registration, you will not be able to continue with the editorial process. The ICMJE further recommends other registries such as: ISRCTN Register, UMIN Clinical Trials Registry, Australia New Zealand Clinical Trials Registry, Netherlands Trial Register and those listed by World Health Organization's International Clinical Trial Registry Platform.

  Similarly, in the case of systematic literature reviews, the registration code should be clearly attached to databases of systematic review protocols (such as https://www.crd.york.ac.uk/prospero).

- *Statistical analysis*. One of the main recommendations is that all statistical methods should be described in sufficient detail to enable a knowledgeable reader and other authors to verify the analysis and results. Wherever possible, results should be quantified and presented with appropriate indicators of measurement error or uncertainty (confidence intervals). Confidence intervals provide a more informative way to report a test of significance than a simple *p-value*.

- As a general strategy, statistical reporting of results should allow other researchers to use the estimates in other analyses. This principle requires descriptive statistics to be reported in sufficient detail, such as proportion numerators and denominators, especially in relation to risks, odds and hazard ratios. Similarly, *p-values* alone are not sufficient. Instead, descriptive results are required for the variables being compared, including the sample size of the groups involved, the estimate (or "effect size") associated with the *p-value*, and a precision measure for the estimate, usually a 95% confidence interval.

  All authors are advised to seek appropriate statistical advice before beginning their study. This will ensure the quality of the scientific method used. The details for an appropriate and complete report of the statistical methods are crucial and we recommend consulting the following references in order to maximize their quality:

  - Lang TA, Altman DG. Basic statistical reporting for articles published in biomedical journals: the "Statistical Analyses and Methods in the Published Literature" or the SAMPL Guidelines. Int J Nurs Stud. 2015;52(1):5-9. doi: http://10.1016/j.ijnurstu.2014.09.006.
  - Assel M, Sjoberg D, Elders A, et al. Guidelines for reporting of statistics for clinical research in urology. BJU Int. 2019;123(3):401-10. doi: http://10.1111/bju.14640.
  - Harrell F. Department of Biostatistics. Vanderbilt University. Statistical Problems to Document and to Avoid [internet]. Available on: http://biostat.mc.vanderbilt.edu/wiki/Main/ManuscriptChecklist.

3.1.7 Results

Results should be concise and ordered in such a way that they primarily respond to the research's main objective. The repetition of results in text and in tables and figures should be avoided in detail. Results should have a logical order and emphasize both positive and negative results.

The results should be presented in such a way that the reader can evaluate the statistical inferences under study. The manuscript's text should contain a reference to each table or figure by the use of Arabic numerals and should be done in the order in which they appear in the text, e.g. *table 1 or figure 1*. For full details about table and figures presentation, please refer to the corresponding section.

3.1.8 Discussion

The objective of this section is to interpret and compare the results. The use of the following structure, without subheadings, in the discussion is suggested:

- Main findings of the study.

- Comparison with previous or similar studies (how do the results fit in with previous studies, why are they similar or different?)
- What contribution does the results of the study make to current knowledge on the problem.
- Strengths and weaknesses of the study (with emphasis on the limitations of interpreting the results in light of weaknesses).
- Implications for practice and/or research (future studies?)
- Conclusions

Main findings of the study: A concise description of the study, which does not mean repeating the results with your statistics, must be provided. For example: "the incidence of hypotension found in the studied population was 15% during the first post-operative hour and is higher than that reported at the national level."

Comparison with previous or similar studies: This section should relate directly to the introduction and to previous studies of the problem. Reasoning that explains important differences between the data in this study must be included, as well as data from previous studies, without excessive speculation.

What the study results contribute: It is reasonable to suggest possible explanations for findings and differences from previous studies, but the "missing parts" of such reasoning should be acknowledged.

Strengths and weaknesses of the study: Strengths of the study in terms of originality, design, implications should be written. Likewise, it is appropriate to briefly acknowledge any limitations of your study at this point; for example, in terms of patient population, analytical tests limitations, measurements, or patients lost during the follow-up. Authors are advised to be honest but succinct in this section, and that the results be assessed against these strengths or limitations.

I*mplications for practice and/or research:* This section should mention the practical contributions of the paper. For example: "the study makes it possible to recognize risk factors present in this population." In addition, this section seeks to identify potential future studies that would address some of the explanations and limitations discussed above.

Conclusions: The knowledge contribution of the study related to the stated objective is presented here. A common mistake is to exaggerate the results of a study or give them a wider scope than they truly have. It may be appropriate to include the implications of conclusions for clinical or public health practice and indications for further research in this area of interest.

3.1.9 Acknowledgements

This section should be entitled "Acknowledgements" and include the following statements in separate paragraphs or statements with subheadings:

- *Authors' contributions.* The Journal follows the ICMJE's authorship recommendations. Each manuscript must contain the activities developed by each author member of the manuscript. For example:
  - Author 1 (initials). Study planning, data collection, interpretation of results, and initial writing of the manuscript.
  - Author 2 (initials). Study planning, data collection, interpretation of results, data analysis, and final writing of the manuscript.
  - Author 3 (initials). Conception of the original project, study planning, interpretation of results, and final writing and approval of the manuscript.
- *Study assistance.* Recognition should be given only to those who have made a substantial contribution to the study. Authors are responsible for obtaining written permission from persons recognized by name, in the event that readers are able to infer their endorsement from data and conclusions. If you have not received assistance for the study, please state: "Assistance for the study: none."
- *Financial support and sponsorship.* It is necessary to refer to all financing sources with respect to the article in question. If there are none, the following statement should be included: "Financial support and sponsorship: none."
- *Conflicts of interest.* It is necessary to refer to all conflicts of interest related to the article in question: financial, consulting, institutional and other types that could cause bias or conflict of interest. If there are no conflicts of interest, please include the following statement: "Conflicts of interest: none". It is very important to recognize all sources of financial assistance, funds, and any other sources that may obtain or expect benefits from the publication of the

manuscript. The correspondence author must complete a questionnaire on conflict of economic interest on behalf of all co-authors at the time of initial submission of the manuscript. The primary purpose of this section is to determine whether the authors have received any financial support that could create a conflict of interest. In addition to economic interests, conflict may exist because a person believes that a relationship (such as double commitment, conflicting interests or conflicting loyalties) affects his or her scientific judgment. In addition to completing the questionnaire on economic conflicts, authors should explicitly state all relevant conflicts of interest in this section.

- ***Presentations (for original papers only).*** Preliminary data presentations at international meetings should for instance be recognized separately. If no preliminary data were presented, please include the following statement: "Presentations: none".

- ***Appreciation.*** This section is reserved for people who participated in research processes and who do not meet the authorship requirements detailed by the ICMJE. Briefly, an author must strictly comply with the following four conditions: 1) Make a substantial contribution to the conception, design, data acquisition, data analysis or interpretation, 2) Write draft versions of the article or critically review its content, 3) Approve the final version for publication, 4) Agree with all reported aspects of the paper in question related to the validity and completeness of the information.

3.1.10 References

The Journal uses the Vancouver style, in which references are numbered at the time of quoting authors by means of Arabic numerals in parentheses.

When a reference is included in a table or figure it must follow the sequence of appearance in the text. The accuracy of punctuation and abbreviations in journals is of vital importance. Except in cases of review articles, very extensive reference lists are inappropriate. Whenever possible, the DOI should be included at the end of each reference.

According to editorial policy, it is recommended to not to include unpublished documents in the bibliography.

The following examples illustrate the main quote formats found in the Journal.

- [Journal Article] Petitti DB, Crooks VC, Buckwalter JG, et al. Blood pressure levels before dementia. Arch Neurol. 2005;62(1):112-6. DOI: 10.1001/archneur.62.1.112

- [Complete Book] Iverson C, Flanagin A, Fontanarosa PB, et al. American Medical Association manual of style. 9th ed. Baltimore (MD): Williams & Wilkins; c1998. 660 p.

- [Chapter of Book] Riffenburgh RH. Statistics in medicine. 2nd ed. Amsterdam (Netherlands): Elsevier Academic Press; c2006. Chapter 24, Regression and correlation methods; p. 447-86.

- [Website] AMA: helping doctors help patients [Internet]. Chicago: American Medical Association; c1995-2007 [quoted: 2007 Feb 22]. Available on: http://www.ama-assn.org/.

To consult how to properly quote other types of resources and sources of information you can freely check the website (https://www.ncbi.nlm.nih.gov/books/NBK7256/http://www.ncbi.nlm.nih.gov/books/NBK7256/).

3.1.11 Tables and figures

Tables and figures are useful for presenting complex or very extensive data in a more appropriate way and with greater ease of interpretation. The text of the manuscript should contain a reference to each table or figure using Arabic numerals and should be in the order in which they appear in the text, for example, (table 1). Each table must be prepared in a separate *text-only* document and uploaded individually. Tables should not be presented in photographic images and tables should not be included in the manuscript file. Images should not be incorporated into the table file. Each table should contain a short heading, appropriate titles in each column, and pertinent keys. Vertical lines should not be used. Explanatory notes should be at the bottom of the table and not in the header. The use of abbreviations in column headings is not allowed. Any abbreviations used in the body of the table, including hyphens, should be defined in the table footnotes, numbered according to the reading order. If data from another published or unpublished source are used, it is necessary to obtain the corresponding authorization and give full credit to the source by quoting the name of the first author of the previous series and include the reference number and year next to the author's name. Each series mentioned in a table should be listed in the References section. At the end of each table or figure, the source should be clearly specified (e.g. Source: Prepared by the author). In case

it belongs to a person other than the author, the respective permissions of reproduction authorized by the owners of the reproduction rights must be annexed.

Authors are encouraged to submit tables that are not essential as complementary digital content for publication in virtual form only. For further details, see the Complementary Digital Content section.

Figures must be uploaded in the highest available resolution (they will not be accepted or published in low resolution). Keys must be provided for all figures accordingly numbered. Figures should not be incorporated into the main body of text file and each figure should be uploaded as a separate file. Each file should be saved with the appropriate figure number (e.g. Figure 1.tif). The names of the figures should be assigned using the Description field that appears in the Attached Files section of the Editorial Manager (e.g., Figure 1, Figure 2). This provides a name for each figure in the PDF generated by the Editorial Manager.

Figures should be cited consecutively in the manuscript and numbered in the order they are referred to. The figures must be presented in one of the following formats: EPS, TIFF, JPEG, GIF or MS Office (DOC, PPT, XLS) and its minimum resolution in any case must be 300 dpi. The image must not contain "key" text, titles or numbers of the figure incorporated therewith. Keys of all figures should be short and concrete and should appear on a separate page at the end of the manuscript. Keys must indicate the number of the figure and must be numbered correctly.

If you use photographs of people, you must hide their identity or otherwise obtain their consent to use them. If necessary, Editors may request copies of the informed consents. In the case of previously published figures, credit must be given to the original source and, together with the material, the written authorization of the holder of the copyright must be given for the printed format and also for the electronic format. Authorization is mandatory, regardless of authorship or publisher, except for documents that are already in the public domain.

3.1.12 Complementary Digital Content (CDC)

Authors may submit Complementary Digital Content (CDC) to complete the information provided in the manuscript. The CDC consists of the following types of content, among others: text, tables, figures, secondary references for information presented as CDC, audio and video. The CDC should be cited consecutively in the main body of the manuscript text. CDC files will be available through URLs included in citation points within the article and will not be edited by the publisher. They shall be presented digitally as delivered. It should be noted that the Journal's policies regarding peer review, patient anonymity, ethics, financial conflicts of interest, copyright and authorization, applicable to manuscripts, are also applicable to the CDC. Authors should mask patients' eyes and remove patients' names from complementary digital content, unless they obtain patients' informed consent and submit them as complementary files at the time of submission of the manuscript.

- *Format, file type and size requirements.* The CDC may be submitted in any format (preferably PDF) indicating the title of the article and the name of the first author for clarity. The complementary content should include a consecutive number in case there is more than one (1, 2, 3, etc.). Each CDC in the file should have a visual header in the name format (e.g., "SDC, Figure 1"; "SDC, Materials and Methods"), and the corresponding citation should appear consecutively in the main body of the text. It is important to remember that the CDC must have a numbering independent from the non-CDC material. If figures are provided as CDC, the key must be included within the figure itself. To upload a CDC, select "Complementary Digital Content" as file designation. For voice and video files, the names of the author, cameraman, participants, duration (minutes) and size (MB) must also be included. Video files must have a minimum screen size of 320×240 pixels. Complementary videos should only be submitted in .wmv, .mov, .flv, .qt, .mpg, .mpeg, .mp4 formats. Videos should not be longer than 10 minutes, with built-in audio. The CDC file for each submitted paper should not exceed a total size of 10 MB.

  For more information, please refer to Wolters Kluwers' requirements for CDC submission: http://links. lww.com/A142.

4. Online submission of manuscripts, forms and licenses

4.1 Articles submitted for the first time

Once the manuscript has been prepared, go to www.editorialmanager.com/rca to upload the manuscript and submit it for consideration. Once the manuscript has been reviewed to determine whether it meets the requirements of the Journal, a number will be assigned to it. If you do not meet

the requirements of these guidelines, the manuscript will be returned for correction. Faxed, scanned or e-mailed copies of the manuscript will not be accepted.

4.2 Mandatory format of the license to publish

Once the first revision has been carried out, the authors must fill in the form of the license to publish (LTP). Authors may also provide the form when initially submitting the manuscript. The correspondence author may sign LTP forms on behalf of all authors. Authors retain copyright on all articles. Authors grant the journal a license to publish the article and identify themselves as the original publisher. Manuscripts will not be brought into production if forms are not completed, which are available on the home page of the virtual site where articles are submitted, at www.editorialmanager.com/rca.

The author must give his consent to transfer intellectual property rights to the Colombian Society of Anesthesiology and Reanimation (S.C.A.R.E., in Spanish).

4.3 Creative Commons License

Open-access articles can be read, downloaded and shared on a free basis upon publication. The Journal publishes all articles under the CCBY-NC-ND license. Attribution-NonCommercial-NoDerivs: CC BY-NC-ND. Of the six main licenses, this is the most restrictive because it only allows others to download and share articles as long as they give credit to the author, but they cannot in any way change the paper or use it commercially.

4.4 Compliance with NIH accessibility requirements and other research funding agencies

Several research funders now require or request authors to submit the post-print article (after peer review and acceptance, but before publishing the final version) to an online repository accessible to everyone free of charge.

As a service to our authors, Wolters Kluwer will inform the National Library of Medicine (NLM) of articles requiring deposit and transmit to PubMed Central the post-printing version of an article based on research funded in whole or in part by the National Institutes of Health, Howard Hughes Medical Institute, or other funding agencies. The mechanism is provided by the license to publish. Wolters Kluwer ensures that authors can fully comply with the public access requirements of the world's leading funding entities.

4.5 Galleys/electronic text corrections

Authors are notified by email when text corrections to their PDF (Portable Document Format) articles are available. Authors are urged to meticulously review text corrections, correct inaccuracies and answer all questions. Only the most critical changes to the accuracy of the content will be incorporated. No changes of form or modifications of previously accepted material will be accepted. At this stage of the process, it is not possible to rewrite sections of the text, adapt tables and figures, or add or remove references. Corrections or approval should be delivered to the production editor within 48 hours; a message summarizing the corrections may be sent by e-mail.

4.6 Peer review

This journal handles a double-blind review process. Section editors and the editor-in-chief will initially evaluate all contributions to determine if they are appropriate for the journal. Papers considered appropriate will then be sent to a minimum of two independent expert reviewers to assess the scientific quality thereof. The editor-in-chief is responsible for adopting the final decision to accept or reject articles. Such decision is final.

5. After Acceptance

5.1 Use of Digital Object Identifier

The Digital Object Identifier (DOI) can be used to cite and link to electronic documents. The DOI is a series of unique alphanumeric characters which is assigned by the publisher to a document at the time of the initial electronic publication. The assigned DOI never changes. It is therefore an ideal means to quote a document, particularly "press articles" because they have not yet received their full bibliographic information. When a DOI is used to create links to documents on the Internet, there is a guarantee that DOIs never change.

5.2 How to cite our Journal

To cite articles from the Journal, it should be noted that "Colombian Journal of Anesthesiology" will be used for both Spanish and English languages. Its short version is "Colomb. J. Anesthesiol."

For example: Oliveros H, García H, Rubio C, Navarrete J. Perioperative use of levosimendan in patients undergoing cardiac surgery: systematic review and meta-analysis. Colombian Journal of Anesthesiology. 2019;47:142-53. DOI: http://dx.doi.org/10.1097/CJ9.0000000000000121

The Editorial Office will be happy to answer any questions regarding the preparation of a manuscript in accordance with our recommendations.

E-mail: Patrick.Wall@wolterskluwer.com

Virtual address for manuscript submission:
www.editorialmanager.com/rca

Magazine website:
http://www.revcolanest.com.co/

6. Magazine Policies

6.1 Originality

All submitted manuscripts must be original and should not be considered for editorial consideration by another publication while they are being considered by the Journal. Editors shall submit manuscripts submitted for publication to a plagiarism detection software test. Manuscripts referring to material that has appeared or is in the process of being published in abridged or preliminary form in other publications will not be considered. Redundant or duplicate publications will be assessed within the context of the indications provided by the ICMJE.

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