

Guide for authors

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Table of Contents

- I. General Information
- II. Ethical Policy
- III. Editorial Policy
- IV. Online Submission of Manuscripts
- V. Manuscript Preparation
- VI. Publication Process After Acceptance

I. General Information

The Journal of Acute Care Surgery (J Acute Care Surg), is the official publication of The Korean Society of Acute Care Surgery (KSACS) and The Korea Association of Trauma Nurses (KATN), and is an international, peer-reviewed, open access journal, that is published 3 issues (the last day of March, July and November) a year. This journal aims to provide a platform for modern, cutting-edge research at the forefront of evolving developments in acute care surgery in the Asia-Pacific area, with three essential components; trauma, critical care, and emergency surgery.

The emphasis for articles in this journal is placed on promoting the advancement and optimization of patient care through discussion and clarification of relevant acute care surgery issues. This includes the outcomes of existing practices, and the application of new procedures, or novel treatment concepts of acute care surgery, and the challenges they present in the progression of improving patient clinical outcomes.

The content of the J Acute Care Surg includes editorials, original clinical and basic research articles, review articles, case reports, and short communications, that may challenge traditional practice and educate the advancement of change in clinical practice for surgeons, physicians and allied healthcare professionals alike, that are involved in acute care surgery.

We welcome research from both developed and developing countries to contribute to the advancement of acute care surgery (trauma, non-traumatic emergency surgery, and surgical critical care), with a focus on the Asia-Pacific region, and invites the submission of high quality, manuscripts in the following topics:

- Surgical treatment and clinical outcome
- Perioperative patient care and rehabilitation
- System organization for trauma and acute care surgery
- Surgical infections
- Nutrition
- Wound care techniques
- Military and major incident surgery
- Scientific laboratory research
- Surgical ethics

Acute Care Surgery is a blinded peer-reviewed (according to

international standards) journal where each article submitted will be evaluated by two or more referees and a biostatistical consultant.

Article Processing Charge (APC)

The author does not have any article processing charge for publication. There is also no publishing fee and Korean Society of Acute Care Surgery will pay to make the article for open access.

II. Ethical Policy

JACS adheres completely to the ethical guidelines and best practices published by professional organizations, including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Journals (<http://publicationethics.org/resources/guidelines>) from ICMJE and Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA: <http://doaj.org/bestpractice>).

1. Research Ethics

All manuscripts should be prepared under strict observation of research and publication ethics guidelines recommended by the Council of Science Editors (<http://www.councilscienceeditors.org>), International Committee of Medical Journal Editors (ICMJE, <http://www.icmje.org>), and the World Association of Medical Editors (WAME, <http://www.wame.org>). Any study including human subjects or human data must be reviewed and approved by a responsible institutional review board (IRB). For further information on investigations involving human material, please refer to the principles in the Declaration of Helsinki (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects>).

2. Authorship

Authorship credit must be based on the ICMJE, 2013 (<http://www.icmje.org/icmje-recommendations.pdf>). Author credit should be based on (1) substantial contributions to the conception and design, or acquisition, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (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. All those designated as authors should meet all four criteria for authorship, and all who do not meet all four criteria should be acknowledged. These authorship criteria are intended to preserve the status of authorship for those

who deserve credit and can take responsibility for the work. Group authorship should identify the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship and should complete an authorship form. The corresponding author should clearly indicate the citation and identify all individual authors as well as the group name.

3. Redundant Publication and Plagiarism

Redundant (or duplicate) publication is publication of a paper that overlaps substantially with one already published in print or electronic media.

If all or part of the subject population has been reported previously, it should be declared in the Materials and Methods and must be appropriately referenced. This requirement applies to text, figures, and tables. In cases where authors are concerned with any potential overlap with published manuscripts or manuscripts being reviewed, the authors must include a letter explaining how the manuscript submitted to JACS significantly differs from other materials. For more information, please refer to 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication' (Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3142758>).

4. Conflicts of Interest

Any potential conflict of interest that could influence the authors' interpretation of the data, such as financial support from or connections to companies, political pressure from interest groups, or academically related issues, must be stated.

Conflict of interest statements will be published at the end of the text of the article, before the 'References' section. Please consult the COPE guidelines (<http://www.publicationethics.org>) on conflict of interest. Even when there is no conflict of interest, it should also be stated.

5. Human and Animal Rights

Animal experiments should also be reviewed by an appropriate committee (IACUC: Institutional Animal Care and Use Committee) for the care and the use of animals. Studies involving pathogens requiring a high degree of biosafety should pass review of a relevant committee (IBC: Institutional Biosafety Committee). The editor of JACS may request submission of copies of informed consents from human subjects in all studies or IRB approval documents. Articles where human subjects can be identified in descriptions, photographs or pedigrees must be accompanied by a signed statement of informed consent to publish (in print and online) the descriptions, photographs and pedigrees from each subject who can be identified. Articles covering the use of human samples in research and human experiments must be approved by the relevant review committee. Articles covering the use of animals in experiments must be approved by the relevant authorities.

6. Role of the Funding Source

You are requested to identify who provided financial support for

the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

7. Policy on Ethical Oversight

When the Journal faces suspected cases of research and publication misconduct such as falsification of data, plagiarism, improprieties of authorship, misappropriation of the ideas of others, violation of generally accepted research practices, material failure to comply with legislative and regulatory requirements affecting research, inappropriate behavior in relation to misconduct, the resolving process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The Editorial Board will discuss the suspected cases and reach a decision. We will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

World Association of Medical Editors gives a definition of scientific misconduct and useful overview of the following issues:

Falsification of data

This ranges from fabrication, the deceptive reporting of findings, and the omission of conflicting data to willful suppression and/or distortion of data.

Plagiarism

The appropriation of the language, ideas, or thoughts of another without crediting their true source—representing them as one's own original work.

Improprieties of authorship

The improper assignment of credit, for example, by excluding others, presenting the same material in more than one publication, including individuals as authors who have not made a definite contribution to the work, and publishing or submitting multi-authored publications without the concurrence of all authors.

Misappropriation of the ideas of others

An important aspect of scholarly activity is the exchange of ideas among colleagues. Scholars can acquire novel ideas from others during the process of reviewing grant applications and manuscripts. However, the improper use of such information can constitute fraud. The wholesale appropriation of such material constitutes misconduct.

Violation of generally accepted research practices

This category includes serious deviation from accepted practices in proposing or carrying out research, the improper manipulation of experiments to obtain biased results, deceptive statistical or analytical manipulations, and the improper reporting of results.

Material failure to comply with legislative and regulatory requirements affecting research

This includes but is not limited to serious or substantial, repeated,

and willful violations of local regulations and laws involving the use of funds, care of animals, human subjects, investigational drugs, recombinant products, new devices, or radioactive, biological, or chemical materials.

Inappropriate behavior in relation to misconduct

This includes unfounded or knowingly false accusations of misconduct, the failure to report known or suspected misconduct, the withholding of information relevant to a claim, and any kind of misconduct or retaliation against persons involved in an allegation or investigation.

8. Complaints and Appeal

How the journal will handle complaints and appeals; The policy of the journal is primarily aimed at protecting the authors, reviewers, editors, and the publisher of the journal. If not described below, the process of handling complaints and appeals follows the guidelines of the Committee of Publication Ethics available from <https://publicationethics.org/appeals>.

Who is responsible to resolve and handle complaints and appeals?

The Editor, Editorial Board, or Editorial Office is responsible for them.

What may be the consequence of remedy?

It depends on the type or degree of misconduct. The consequence of resolution will follow the guidelines of the Committee of Publication Ethics (COPE).

9. Secondary Publication

It is possible to republish manuscripts if the manuscripts satisfy the conditions of secondary publication of the ICMJE Recommendations (http://www.icmje.org/urm_main.html).

10. Copyright

JACS applies the Creative Commons Attribution license to works it publishes. Under this license (<https://creativecommons.org/licenses/by-nc/4.0>), although publisher retains ownership of the copyright for content, it allows anyone to download, reuse, reprint, modify, distribute, and/or copy the content.

11. Research Reporting Guideline

JACS requires that manuscripts adhere to recognized reporting guidelines relevant to the research design used and requires author(s) to submit a checklist verifying that essential elements have been reported for all primary researches and systematic reviews. Reporting guidelines endorsed by the journal are listed below:

- Observational cohort, case control and cross sectional studies
 - STROBE - [Strengthening the Reporting of Observational Studies in Epidemiology](#)
 - MOOSE - [Meta-analysis of Observational Studies in Epidemiology](#)

- Qualitative studies
 - COREQ - [Consolidated criteria for reporting qualitative research](#)
 - SRQR - [Standards for Reporting Qualitative Research](#)
- Quasi-experimental/ non-randomized trials
 - TREND - [Transparent Reporting of Evaluations with Non-randomized Designs](#)
- Randomized (and quasi randomized) controlled trials
 - CONSORT - [Consolidated Standards of Reporting Trials](#)
- Study of diagnostic accuracy/assessment scale
 - STARD - [Standards for the Reporting of Diagnostic Accuracy Studies](#)
- Systematic review and meta-analysis
 - PRISMA - [Preferred Reporting Items for Systematic Reviews and Meta-Analyses](#)
 - MOOSE - [Meta-analysis of Observational Studies in Epidemiology](#)
- Quality improvement studies
 - SQUIRE - [Standards for Quality Improvement Reporting Excellence](#)

III. Editorial Policy

The JACS adheres to the ethical guidelines for research and publication described in Guidelines on Good Publication (<http://publicationethics.org/resources/guidelines>) and the ICMJE Guidelines (<http://www.icmje.org>).

1. Editorial Responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics: guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarism and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; avoiding any conflict of interest with respect to articles they reject or accept; promoting publication of corrections or retractions when errors are found; and preservation of the anonymity of reviewers.

2. Double Blind Peer Review Process

The Editorial Office of Journal of Acute Care Surgery receives and reviews all submitted manuscripts, and all submitted manuscripts are considered confidential. The submitted manuscripts are initially screened for the format. All submitted manuscripts are screened for duplication through Crosscheck (<https://app.ithenticate.com>). Once the manuscript is provisionally accepted, it is sent to the two most relevant referees for review. The referees are selected by the editor from the Editorial Board's database or the board members' recommendation. The referees are then requested to evaluate based on originality, validity, presentation, and importance and interest, and, when considered necessary, statistics.

Acceptance of a manuscript depends on the evaluation, critiques, and recommended decision made by the referees. A referee may recommend 'accept', 'minor revision', 'major revision' and 'reject'.

Upon opposing recommended decisions between referees, or author and referee(s), the Editor-in-Chief has the full right to decide whether the manuscript will be published in the journal. Three repeated decisions of 'major revisions' are regarded as a 'reject' and rejected papers will not be considered further.

The reviewed manuscripts with comments, recommended directions, and revisions are returned to the corresponding author. The corresponding author is to submit the revised manuscript accompanied by point-to-point replies to the comments given by the editor and how the revisions have been made. There should be a reasonable explanation for any noncompliance with the recommendations. In cases where references, tables, or figures are moved, added or deleted during the revision process, renumbering must be done so that all references, tables, and figures are cited in numeric order. If the revised paper is not received within 2 months of decision, the manuscript is considered to have been withdrawn. When the final decision on the acceptance of the manuscript is made, the Editorial Office notifies the corresponding author. The peer-review process takes approximately 8-12 weeks.

3. Manuscript Originality

Manuscripts are considered with the understanding that no part of the work has been published previously in print or electronic format and the paper is not under consideration by another publication or electronic medium. All in press or submitted works that are pertinent to the manuscript under consideration by the journal (including those cited in the manuscript under consideration) must accompany the submission. Related manuscripts that have been submitted elsewhere during the period of revision must accompany revised manuscripts. Failure to provide copies of related manuscripts under consideration elsewhere may delay the review process and may be grounds for rejection. Under no circumstances will any paper be considered that contains any data that have been submitted for publication elsewhere.

4. Open Access and Creative Commons Attribution License

Every peer-reviewed article appearing in this journal will be published open access. This means that the article is universally and freely accessible via the internet in perpetuity, in an easily readable format immediately after publication.

All articles will be published under the following license <https://creativecommons.org/licenses/by-nc/4.0>.

Author rights

For open access publishing, this journal uses an exclusive licensing agreement. Authors will transfer copyright to Journal of Acute Care Surgery, but will have the right to share their article in the same way permitted to third parties under the relevant user license, as well as certain scholarly usage rights.

5. Similarity Check

Similarity Check is a multi-publisher initiative to screen published and submitted content for originality. To find out more about

Similarity Check, visit <https://www.crossref.org/services/similarity-check>. All manuscripts submitted to Journal of Acute Care Surgery may be screened, using the iThenticate tool, for textual similarity to other previously published works.

6. Data Sharing Policy

To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential.

JACS follows the data sharing policy described in "Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors" (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

7. Preprint Policy

Manuscripts to JACS cannot have been published previously, and are not being considered for publication by other journals including preprint.

8. Archiving Policy

The article of JACS has been archived in the Korea Citation Index (<https://www.kci.go.kr>). In accordance with the deposit policy (self-archiving policy) of Sherpa/Romeo (<http://www.sherpa.ac.uk>), authors are not permitted to archive preprints (i.e., versions prior to refereeing), but they are allowed to archive post-prints (i.e., final drafts after refereeing). Authors may archive the publisher's version/PDF.

IV. Online Submission of Manuscripts

Please submit manuscripts, figures, copyright transfer and conflict of interest disclosure form (Journal Publishing Agreement) via online at <http://www.jacs.or.kr/submission/Login.html> (Journal of Acute Care Surgery online submission system) to follow the guideline. The entire process of manuscript submission, peer-review, and resubmission to Journal of Acute Care Surgery is done through online system (<http://www.jacs.or.kr/submission/Login.html>).

Any inquiry concerning manuscript submission should be directed to editorial office: ksacs@ksacs.org.

Journal of Acute Care Surgery Editorial Office

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Dan Bee Lee

Tel: +82-10-9040-6245

Fax: +82-50-7993-9018

Email: ksacs@ksacs.org

V. Manuscript Preparation

1. General Requirements

All manuscripts must be in grammatically correct English and should be created using MS Word. Manuscripts must be typed in English, double-spaced and 11 point type, and all pages must be numbered consecutively. Only a single font (preferably Times New Roman) should be used in 11 point.

2. Types of Articles

Journal of Acute Care Surgery publish original editorials, research articles, review articles, case reports, and short communications.

Editorials

Editorials provide invited perspective on an area of Journal of Acute Care Surgery, dealing with very active fields of research, current interests, fresh insights and debates. An abstract is not required and a brief unstructured text should be prepared. Although editorials are normally invited or written by an Editor, unsolicited editorials may be submitted.

Typical length: 1,000 words, 20 references.

Original articles

Original articles are papers containing results of basic and clinical investigations, which are sufficiently well documented to be acceptable to critical readers. The content should be helpful for the diagnosis and treatment of emergency, trauma surgery or surgical critical care.

Section headings should be written in the following format: title page; abstract and keywords; introduction; materials and methods; results; discussion; conclusion (if any); acknowledgments; references; and tables and figures.

Typical length: Up to 5,000 words excluding Abstract, References, and Figure/Table Legends.

Review articles

Review articles provide concise reviews of subjects important to medical researchers, and can be written by an invited medical expert. These have the same format as the original articles but the details may be more flexible depending on the contents.

Typical length: One paragraph with maximum of 200 words for the abstract; maximum of 6,500 words from introduction to conclusion; maximum of 100 references, 10 figures and 10 tables.

Case reports

These are clinical cases that are rarely reported or make a significant contribution to diagnosis and treatment.

Typical length: One paragraph with maximum of 150 words for the abstract; maximum of 1,500 words from introduction to conclusion; maximum of 20 references, 6 figures and 5 tables.

Short communications

Short communications are short original research articles on issue important to JACS researches.

Typical length: One paragraph with maximum of 3,000 words from introduction to; maximum of 20 references.

3. Manuscript Format

Cover letter

It should include the following information.

- 1) Title of the paper and corresponding author details
- 2) Summary of your findings: Summarize the most important findings of your study

Title page

The title page should include the following information.

- 1) Category of article
- 2) The title of the article
- 3) Name of the authors
- 4) Institutional affiliation including name of department(s) and institution(s) of each author, full address of the institutional affiliation, telephone and fax numbers, and email address of the corresponding author
- 5) A running title not exceeding 60 characters.
- 6) Abstract
- 7) Information on financial support, including the source(s) of the grant.
- 8) ORCID of all authors are recommended to be provided. To have ORCID, authors should register in the ORCID web site available from: <http://orcid.org>. Registration is free to every researcher in the world.

Main text

The main text file should be presented in the following order.

- 1) Title of article
- 2) Abstract
- 3) Keywords
- 4) Main text: Introduction, Methods, Results, Discussion, Conclusion
- 5) Acknowledgment (if any)
- 6) Author contributions (mandatory)
- 7) Conflicts of interest (mandatory)
- 8) Funding (mandatory)
- 9) Ethical statement (mandatory)
- 10) Data availability (mandatory)
- 11) References
- 12) Tables
- 13) Figure legend
- 14) Appendices (Supplementary materials)

1) Title of article

2) Abstract

An abstract should be concise and not exceed 250 words. Abstracts for Original Articles should be structured, with the section headings: Purpose, Methods, Results, Conclusion. Unstructured abstracts are allowed for review article, case report and other types of articles

3) Keywords

Three-six relevant keywords are required. Keywords should be

selected from main headings listed in the Medical Subject Headings (MeSH) in Index Medicus published by the U.S. National Library of Medicine (www.nlm.nih.gov/mesh/MBrowser.html). If suitable MeSH terms are not yet available, current terms may be used.

4) *Main text section*

The main text of the manuscripts should have sections for the Introduction, Material and Methods, Results, and Discussion.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Materials and methods

Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference; only relevant modifications should be described.

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors). Unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex or gender. If the study involved an exclusive population (only one sex, for example), authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity, and justify their relevance. The study protocol was approved by the Institutional Review Board of ##### (IRB no. #-#-#-###). Informed consent was confirmed (or waived) by the IRB.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusion

The main conclusions of the study may be presented in a short conclusion section, which may stand alone or form a subsection of a discussion or results and discussion section.

5) *Acknowledgment (If any)*

All contributors who do not meet the criteria for authorship as defined above should be listed in an acknowledgment section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support.

6) *Author contribution*

Author contributions must be stated that the specific roles and responsibilities that each author played in the conception, design, execution, analysis, and interpretation of the research presented in the manuscript. Clearly outlining the contributions of each author is a crucial aspect of academic and scientific integrity, ensuring that credit is appropriately attributed to individuals who have made

substantial contributions to the work.

7) *Conflicts of interest (mandatory)*

Any potential conflict of interest that could influence the authors' interpretation of the data, such as financial support from or connections to companies, political pressure from interest groups, or academically related issues, must be stated.

8) *Funding (mandatory)*

Any financial support (funds) received for the study must be stated.

9) *Ethical statement (mandatory)*

Any study involving human subjects or human data must undergo thorough review and approval by a responsible Institutional Review Board (IRB). JACS may request the submission of copies of informed consent forms from human subjects in all studies.

10) *Data availability (mandatory)*

In the interest of promoting transparency, we strongly encourage you to indicate the availability of your data in your submission.

11) *References*

All references in the text should be cited in English. In text, tables, and legends, identify references with Arabic numerals in square brackets, such as [1], [2]. Authors' last names should be cited in English.

The reference number should be cited in the main text in squared brackets in the order they appear in the text ('style of NLM (the National Library of Medicine, https://www.nlm.nih.gov/bsd/uniform_requirements.html'), e.g., [1].

The journal title should be abbreviated according to the NLM Catalog: Journals referenced in the NCBI Databases (<http://www.ncbi.nlm.nih.gov/journals>).

In the main text, tables and figure legends

- References should be identified non-superscript and Arabic numerals in squared brackets, in the order they appear in the text (NML style), and be placed before punctuation.
- References cited in tables or figure legends should be included in sequence at the point where the table or figure is first mentioned in the main text.
- Do not cite abstracts unless they are the only available reference to an important concept.
- Uncompleted work or work that has not yet been accepted for publication (i.e., "unpublished observation", "personal communication") should not be cited as references.

In the references list

- References should be limited to those cited in the text and listed in the order in which they appear in the text.
- References should include, in order, authors' surnames and initials, article title, abbreviated journal name, year, volume and shortened page numbers. The last names and initials of all author names should be included. Abbreviations for journal names should conform to those used in MEDLINE.

- The last names and initials of all the authors up to 6 should be included. For articles with more than 6 authors, list the first 6 authors only followed by "et al".
- If citing a website, provide the author information, article title, website address and the date you accessed the information.
- Reference to an article that is in press must state the journal name and, if possible, the year and volume.
- Use of DOI is highly encouraged. Note that missing data will be highlighted at proof stage for the author to correct.

Examples

• *Journal Articles*

Author(s) – Family name and initials. Title of article. Title of journal – abbreviated Publication year; volume(issue):pages.

- [1] Kim YH, Cho HR, Ko BK, Nah YW, Nam CW, Park SJ, et al. Prevalence of infection and appropriate antibiotic treatment in brain-dead organ donors. *J Acute Care Surg* 2015;5(1):15-8.
- [2] Nilsson H, Stranne J, Stattin P, Nordin P. Incidence of groin hernia repair after radical prostatectomy: a population-based nationwide study. *Ann Surg* 2013 Jun 6 [Epub]. <http://dx.doi.org/10.1097/SLA.0b013e3182975c88>.

• *Books*

Author(s) – Family name and initials, Multiple authors separated by a comma. Title of book. Edition of book if later than 1st ed. Place of Publication (Country): Publisher Name; Year of Publication. Pages.

- [1] Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL. Sabiston textbook of surgery: the biological basis of modern surgical practice, 19th ed. Philadelphia (PA): Elsevier Saunders; 2012.
- [2] Neumayer L, Vargo D. Principles of preoperative and operative surgery. In: Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL. Sabiston textbook of surgery: the biological basis of modern surgical practice, 19th ed. Philadelphia (PA): Elsevier Saunders; 2012. p.211-39.

• *Reports*

Author(s). Title of report. Place of publication: Publisher; Date of publication – year month if applicable. Report No.: (if applicable). Total number of pages if applicable e.g. 24 p.

- [1] Page E, Harney JM. Health hazard evaluation report. Cincinnati (OH): National Institute for Occupational Safety and Health (US); 2001. Report No.: HETA2000-0139-2824. 24 p.

• *Web Sites*

Author(s). Title of publication [type of medium – Internet]. Place of publication (if available): Publisher (if available). Date of publication – year month day (supply year if month and day not available) [updated year month day; cited year month day]. Available from: web address.

- [1] PeriStats [Internet]. White Plains (NY): March of Dimes Perinatal Data Center. 2007 [cited 2007 Feb 1]. Available from: <http://www.marchofdimes.com/peristats/>.
- [2] WHO[Internet]. Essential surgical care manual: Resuscitation and anesthesia, important medical conditions for the anesthetist. [cited 2015 Mar 30]. Available from: http://www.steinergraphics.com/surgical/005_13.8.

12) Table

Please refer to 4.General style points.

13) Figure legends

Text accompanying a figure should be included. Please refer to 4.General style points.

14) Appendices

An appendix contains supplementary material that is not an essential part of the text itself but which may be helpful in providing a more comprehensive understanding of the research and information.

This is provided in a separate file. In the case of multiple appendices, they should be identified as A, B, etc.

4. General Style Points

The following points provide general advice on formatting and style.

Tables

Tables are to be numbered in the order in which they are cited in the text. A table title should concisely describe the content of the table so that the reader can understand the table without referring to the text. Each table must be simple and typed on a separate page with its heading above it. All units of measurements and concentrations must be indicated. Footnotes should be indicated with superscript symbols in the following sequence; *, †; ‡; §; ||, ¶; **, ††; ‡‡.

Figures

Figures contain graphs, line drawings, photographs or video files etc. Each figure should be supplied as a single file. The images must not be interfered and must be clearly seen. The legend for each light microscopic image should include name of the stain and magnification. For figures with multiple panels, use an uppercase letter after the numeral to indicate the order of the panels, e.g., Fig. 1A, Fig. 1B. Label each illustration with the figure number. Indicate the scale of size for photomicrographs. Include brief, but comprehensive, footnotes. The contrast of figure files should be at least 500 dpi (dots per inch) or 5 million pixels. Written permission should be obtained for the use of all published illustrations and copies of permission letters should be included. Journal of Acute Care Surgery will not take responsibility for the quality of the images that appear in the journal.

Abbreviations

Any abbreviation must be used consistently and must be defined at the first use. Commonly used abbreviations would be described in article without explanation.

Gene Nomenclature

Current standard international nomenclature for genes should be adhered to. Genes should be typed in italic font and include the accession number. For human genes, use genetic notation and symbols approved by the HUGO Gene Nomenclature Committee (<http://www.genenames.org>) or refer to PubMed (<https://www.ncbi.nlm.nih.gov/gene>).

5) *Units*

Système International (SI) units must be used, with the exception of blood pressure values which are to be reported in mmHg. Please use the metric system for the expression of length, area, mass, and volume. There should be a space between the numerals and the unit symbol. When indicating time, the 24 hour system is to be used.

VI. Publication Process After Acceptance

1. Proof

If an article is accepted for publication, the corresponding author will receive the proof and typeset for the publication. The manuscript editor will then correct the manuscript to ensure it adheres to standard publication format. In addition to editing the text, you may also provide comments on figures/tables and respond to any

questions posed by the manuscript editor.

The corresponding author is responsible for thoroughly reading the entire proof and marking all corrections in the appropriate places. Journal of Acute Care Surgery recommends authors to keep the corrections to a minimum.

Note that proofs should be returned within 48 hours from receipt of first proof.

2. Corrigendum/Erratum

Authors should contact the editorial office and the corrigendum/erratum request can be identified through editor, internal reviews, feedback from stakeholders, or any other reliable source. If the error is confirmed, the corrigendum/Erratum will be approved by the editor.