



*Critical Care Medicine* is the official journal of the Society of Critical Care Medicine and is published monthly by the Society of Critical Care Medicine and Wolters Kluwer.

## SCCM COUNCIL

### PRESIDENT

#### Lewis J. Kaplan, MD, FCCM

Professor of Surgery  
Perelman School of Medicine, University of Pennsylvania  
Division of Trauma, Surgical Critical Care and  
Emergency Surgery  
Section Chief, Surgical Critical Care  
Director, Surgical Intensive Care Unit  
Surgical Services  
Corporal Michael J. Crescenz VA Medical Center  
Philadelphia, Pennsylvania, USA

### PRESIDENT-ELECT

#### Greg S. Martin, MD, MSc, FCCM

Professor and Executive Associate Division Director  
Director, Georgia CTSA Clinical Research Centers  
Director, Emory/Georgia Tech Predictive Health Institute  
Director, Clinical Research Network  
Director of Research, Emory Critical Care Center  
Assoc Section Chief, Grady Memorial Hospital  
Atlanta, Georgia, USA

### SECRETARY

#### Vinay M. Nadkarni, MD, FCCM

Medical Director  
Center for Simulation, Advanced Education and  
Innovation  
Children's Hospital of Philadelphia  
Philadelphia, Pennsylvania, USA

### TREASURER

#### Sandra L. Kane-Gill, PharmD, MS, FCCM

Assistant Professor of Pharmacy and Therapeutics  
University of Pittsburgh School of Medicine  
Pittsburgh, Pennsylvania, USA

### PAST PRESIDENT

#### Heatherlee Bailey, MD, FCCM

Assistant Professor, Emergency Medicine  
Durham VA Medical Center  
Department of Emergency Medicine  
Durham, North Carolina, USA

#### Marie R. Baldisseri, MD, PH, FCCM

#### Jeffrey Barletta, PharmD, FCCM

#### Daniel R. Brown, MD, PhD, FCCM

#### Cherylee W. Chang, MD, FCCM

#### Amy L. Dzierba, PharmD, BCCCP, FCCM

#### Laura E. Evans, MD, MS, FCCM

#### Anthony T. Gerlach, PharmD, FCCM

#### Kyle J. Gunnerson, MD, FCCM

#### M. Michele Moss, MD, FCCM

#### Thomas A. Nakagawa, MD, FCCM

#### Pauline K. Park, MD, FCCM

#### Jose L. Pascual, MD, PhD, FACS

#### Gloria Rodriguez-Vega, MD, FCCM

#### Lauren R. Sorce, ACNP, CCRN, FCCM

#### Samuel A. Tisherman, MD, FCCM

### CHIEF EXECUTIVE OFFICER/ EXECUTIVE VICE PRESIDENT

#### David Julian Martin, CAE

### SCCM STAFF LIAISON

#### Diana Hughes, CAE

www.sccm.org

*Critical Care Medicine* is an international, peer-reviewed journal that is interested in publishing the highest quality scientific studies in the field of critical care medicine. Studies may include basic, translational, clinical, and implementation science that bear on the field. Approximately 20% of the original manuscripts submitted to the journal are accepted for publication.

## MANUSCRIPT SUBMISSION

Manuscripts are submitted through Editorial Manager®, a Web-based manuscript tracking system in use by the Society of Critical Care Medicine (SCCM). This system allows authors to add a new manuscript or check the status of a submitted manuscript, while shortening the time needed for processing manuscripts in the Editorial Office and through peer review. To submit manuscripts for consideration, go to [www.editorialmanager.com/ccmed](http://www.editorialmanager.com/ccmed). Once you reach the Editorial Manager® home page, log on to the system by creating an account or entering through your existing account.

Editorial Manager® will easily guide authors through the manuscript submission process. Required information pertaining to the manuscript includes the name, address, telephone number, and e-mail address for the first author and all contributing authors; affiliated institutions; title of the manuscript; abstract; and key words. An author comment explaining the significance of the work will be required. If authors wish, they may provide optional information that includes author's suggested reviewers and author's nonpreferred reviewers. The Editorial Office will automatically be notified of the submission and will send an e-mail confirming the submission of the manuscript to the author(s). If notice has not been received, the manuscript has not been completely submitted. After editorial office review of the submission and verification that it is complete, a manuscript number will be assigned to each submitted manuscript, which will be used in all correspondence.

Each manuscript submission should designate one corresponding author and all contributing authors. The number of authors should be restricted to only those persons who have truly participated in the conception, design, execution, and writing of the manuscript. Authors must disclose any potential financial or ethical conflicts of interest regarding the contents

of the submission **on the title page of the manuscript.**

SCCM accepts no responsibility for manuscripts that are lost or destroyed through electronic or computer problems. Authors are encouraged to keep copies of submitted manuscripts, including figures. If an author does not receive confirmation of submission into Editorial Manager® within 48 hours, he or she should contact the Editorial Office at [journals@sccm.org](mailto:journals@sccm.org).

**Copyright.** Each author must complete and submit the journal's copyright transfer agreement, which includes a section on the disclosure of potential conflicts of interest based on the recommendations of the International Committee of Medical Journal Editors, "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" ([www.icmje.org/update.html](http://www.icmje.org/update.html)). **The form must be completed by each author.** When the corresponding author submits the manuscript, the co-authors are automatically sent an email containing a link to complete the form online. For additional information about electronically signing this form, go to <http://links.lww.com/ZUAT/A106>.

**Compliance With NIH and Other Research Funding Agency Accessibility Requirements.** A number of research funding agencies now require or request authors to submit the post-print (the article after peer review and acceptance but not the final published article) to a repository that is accessible online by all without charge. As a service to our authors, Wolters Kluwer will identify to the National Library of Medicine (NLM) articles that require deposit and will transmit the post-print of an article based on research funded in whole or in part by the National Institutes of Health, Wellcome Trust, Howard Hughes Medical Institute, or other funding agencies to PubMed Central. The revised Copyright Transfer Agreement provides the mechanism.

**Financial Disclosure and Conflicts of Interest.** Authors must state all possible conflicts of interest in the manuscript, including financial, consultant, institutional, and other relationships that might lead to bias or a conflict of interest. If there is no conflict of interest, this should also be explicitly stated **on the title page** as none declared. All sources of funding should be acknowledged in the manuscript. All relevant conflicts of interest and sources of funding should be included on the title page of the manuscript with the heading

“Conflicts of Interest and Source of Funding.” For example:

Conflicts of Interest and Source of Funding: “Author A” has received honoraria from “Company 1.” “Author B” is currently receiving a grant (#12345) from “Organization Y,” and is on the speaker’s bureau for “Organization X”—the CME organizers for Company 1. The remaining authors have disclosed that they do not have any conflicts of interest.

**Human and Animal Subjects.** All studies of human subjects must contain a statement within the Materials and Methods section indicating approval of the study by the Institutional Review Board (or institutional review body) that subjects have signed written informed consent, or that the Institutional Review Board waived the need for informed consent. **Before your submission can be sent out for peer review, it is necessary that you address this issue of institutional review approval.** This is in accordance with the International Committee of Journal Editors uniform requirements for manuscripts submitted to biomedical journals. Please see <http://www.icmje.org> for more details. All animal studies must contain a statement within the Materials and Methods section confirming approval by the Institutional Animal Care and Use Committee and that the care and handling of the animals were in accord with National Institutes of Health guidelines or other internationally recognized guideline for ethical animal treatment.

**Statistical Review.** Any study containing quantitative data and statistical inference should be reviewed by a consultant with formal statistical training and experience.

Although this journal does not provide specific guidance on statistical reporting, compliance with generally accepted recommendations (e.g., Bailar JC III, Mosteller F: Guidelines for statistical reporting in articles for medical journals: Amplifications and explanations. *Ann Intern Med* 1988; 108:266-273) is suggested.

**Clinical Trials.** This journal has adopted the definition and recommendations of the International Committee of Medical Journal Editors (see <http://www.icmje.org>) pertaining to registration of clinical trials. All clinical trials must be registered.

A clinical trial is any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome. Health-related interventions are those used to modify a biomedical or health-related outcome; examples include drugs, surgical

procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, and process-of-care changes. Health outcomes are any biomedical or health-related measures obtained in patients or participants, including adverse events. This journal exempts trials in which the primary goal is to determine pharmacokinetics from the registration requirement.

This journal accepts registration in any registry that is a primary register of the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) (<http://www.who.int/ictcp/network/primary/en/index.html>) or in ClinicalTrials.gov (<http://ClinicalTrials.gov>), which is a data provider to the WHO ICTRP. The registration number and registry name must be included with the manuscript submission.

## MANUSCRIPT PREPARATION

Manuscripts must conform to *Critical Care Medicine* Instructions for Authors and/or the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals,” which can be found on the International Committee of Medical Journal Editors web site, [www.icmje.org](http://www.icmje.org). Manuscripts must be double-spaced with pages numbered consecutively, beginning with the title page. Each paragraph should be indented with a tab. The text portion of each manuscript should be in Microsoft Word format, including references and figure legends. Figures can be saved in .tif or .eps format in 300 DPI or higher. Tables should be submitted as Microsoft Word files; spreadsheets are not acceptable. Figures should be saved as separate files and uploaded after the text upload is complete. Specific guidelines for figure formatting are found on the Editorial Manager® home page. **Documents submitted in .pdf format are not acceptable.**

When uploading the text, tables, and figures into Editorial Manager®, there is the option of entering files for review and files for production. Files for review are viewable by the editorial staff, the editor, and the reviewers. These documents should include all text, tables, and figures, as well as any special referenced material. Files for production are only seen by the editorial staff and will not be seen by reviewers.

## MANUSCRIPT CONTENT

**Title Page.** The title page should contain 1) the title; 2) first name, middle initial, and last name of each author; 3) highest academic degrees, fellowship designations, and institutional affiliation for each author; 4) name of the institution(s) where the work was

performed; 5) the address for reprints and a statement regarding whether reprints will be ordered; and 6) financial support used for the study, including any institutional departmental funds. The authors should also provide six key words for indexing, using terms from the Medical Subject Headings list of *Index Medicus*. **Structured abstracts are required for all manuscripts (except editorials, letters, and book reviews) submitted to *Critical Care Medicine*.**

Editorial Manager® will prompt authors to input the above information into specific fields as they are submitting their manuscript. Authors should also upload their title page and structured abstract with the body of the manuscript. It is also important to note that if there is formatted text or Greek letters or symbols in the title or abstract, special coding is necessary and the Character Palette in Editorial Manager® will need to be used. *It is not necessary to code special characters and formats in the actual manuscript.*

**Abstracts.** Abstracts should be no more than 300 words in length and must have the following headings: Objective, Design, Setting, Patients (for Clinical Investigations) or Subjects (for Laboratory Investigations), Interventions, Measurements and Main Results, and Conclusions. Review Articles, Special Articles, and Case Reports should use these headings in the abstract: Objective, Data Sources, Study Selection, Data Extraction, Data Synthesis, and Conclusions. For details regarding the preparation of structured abstracts, refer to the *American Medical Association Manual of Style, Tenth Edition* (pp. 20–23).

**Text Material.** The text should be written in standard scientific English. Authors should carefully proofread their text prior to submission. Text that is poorly written will lead to summary rejection. The text should be organized into the following sections: Introduction, Materials and Methods, Results, Discussion, and Conclusions followed by Acknowledgments, References, Figure Legends, and Tables. Secretarial and editorial assistance are not acknowledged. Results may be presented in the text, in the figures, or in the tables. The Discussion section should interpret the results without unnecessary repetition. References to related studies should be included in the text section.

In addition, the following should be observed:

- Abbreviations should be minimized and avoided wherever possible. The full term for which an abbreviation stands should be used at its first occurrence in the text unless it is a standard unit of measure. The abbreviation should appear in parentheses after the full term. Abbreviations should not be in the title, figure legends, or table titles.

- Do not use values that are more significant than your analysis is capable of accurately measuring (e.g., Pa<sub>2</sub> 84 torr [11.2 kPa], not 83.7 torr).

**References.** All references should be cited in sequential order in the text and typed on a separate sheet of paper. References should be identified in text, tables, and legends by full-size Arabic numerals on the line and in parentheses. **Do not** use wordprocessing footnote, endnote, or paragraph numbering functions to make a list of references. Titles of journals should be set in italics and abbreviated according to the style used in *Index Medicus*. If journal titles are not listed in *Index Medicus*, they should be spelled out. Unpublished data or personal communications should be noted parenthetically within the text but not in the References section. Inclusive page numbers (e.g., p. 1-10) should be used for all references. Listed below are samples of standard references; however, a complete listing of references can be found on the International Committee of Medical Journal Editors web site, [www.icmje.org](http://www.icmje.org).

*Standard Journal Article:* Bone RC, Fisher CJ, Cemmer TP, et al: Sepsis syndrome: A valid clinical entity. *Crit Care Med* 1989; 17:389-393

*Standard Book with Authors:* Civetta JM, Taylor RW, Kirby RR: *Critical Care*. Third Edition. Philadelphia, Lippincott, Williams & Wilkins, 1996

*Standard Book with Editors:* Norman IJ, Refern SJ (Eds): *Mental Health Care for Elderly People*. New York, Churchill Livingstone, 1996

*Standard Chapter in a Book:* Phillips SJ, Whisnant JP: Hypertension and stroke. In: *Hypertension: Pathophysiology, Diagnosis and Management*. Second Edition. Laragh JH, Brenner BM (Eds). New York, Raven Press, 1995, pp 465-478

*Standard Web Site/Electronic Format:* Marion DW, Domeier R, Dunham CM, et al: Practice management guidelines for identifying cervical spine injuries following trauma. Available at: <http://www.east.org>. Accessed July 1, 2000

**Equations.** Equations should be created as normal text or as images. The use of equation editors or utilities may not convert correctly during the manuscript submission process and their use is discouraged.

**Tables and Figures.** The number of figures and tables should be appropriate for the length of the manuscript and **should not exceed** a total of 5 figures and tables (e.g., 3 figures and 2 tables); additional figures and tables can be submitted as Supplemental Digital Content. Tables should be num-

bered consecutively with no A or B additions. All tables expanding more than 8 columns wide and 40 rows in length must be submitted as Supplemental Digital Content. Tables that are found to be too extensive to fit on a single printed page will be sent back to the author to reclassify as Supplemental Digital Content. Materials reproduced from another published source must be labeled "Reproduced with permission from..." In addition, a letter granting permission to reproduce the materials from the copyright holder must be received by SCCM when the manuscript is submitted for review. If the manuscript is accepted for publication, it will not be able to be printed unless this permission letter has been submitted. Adapted figure or table materials must be labeled "Adapted with permission from..." Letters of permission are also required for adapted materials. A sample of a permission request can be found on Editorial Manager® in the instruction section.

**Tables.** Tables expanding more than 8 columns wide and 40 rows in length should be submitted as Supplemental Digital Content. If, when processing your manuscript, we find that your tables do not comply, the manuscript will be sent back for correction. Every table submitted must have applicable table headings and a table title (a short and to the point explanation of what the table is and not a full description, that should be reserved for the text). Do not use tabs to create tables and do not use table editors. Table building utilities will convert, providing that no special images were inserted. Do not reiterate tabular data in the text. Do not use abbreviations in table titles. Do not use all capital letters in table headings and text. Do not use center, decimal tab, and justification commands. Do not use spaces to separate columns. Use a single tab, not a space, on either side of the ± symbol. Do not underline or draw lines within tables. Footnoted information should be referenced using italicized, superscript, lower case letters (i.e., <sup>a, b</sup>) in alphabetical order (reading from left to right). Avoid lengthy footnotes and insert descriptive narratives in the text or in the Supplemental Digital Content as appropriate.

#### **Figures.**

##### *A) Creating Digital Artwork*

1. Learn about the publication requirements for Digital Artwork: <http://links.lww.com/ES/A42>
2. Create, scan, and save your artwork and compare your final figure to the Digital Artwork Guideline Checklist (below).
3. Upload each figure to Editorial Manager® in conjunction with your manuscript text and tables.

##### *B) Digital Artwork Guideline Checklist*

Here are the basics to have in place before submitting your digital art:

- Artwork should be saved as .tif or .eps files.
- Artwork is created as the actual size (or slightly larger) it will appear in the journal. (To get an idea of the size images should be when they print, study a copy of the journal to which you wish to submit. Measure the artwork typically shown and scale your image to match.)
- Crop out any white or black space surrounding the image.
- Diagrams, drawings, graphs, and other line art must be vector or saved at a resolution of at least 1200 dpi.
- Photographs, radiographs, and other halftone images must be saved at a resolution of at least 300 dpi.
- Photographs and radiographs with text must be saved as postscript or at a resolution of at least 600 dpi.
- Each figure must be saved and submitted as a separate file. Figures should not be embedded in the manuscript text file.

#### **Remember:**

- Cite figures consecutively in your manuscript.
- Number figures in the figure legend in the order in which they are discussed.
- Upload figures consecutively to the Editorial Manager® Web site and number figures consecutively in the Description box during upload.

For captions and variables within a figure, use Helvetica (or Arial) font, if possible, in upper and lower case letters. Radiographic prints must have arrows (if applicable) for clarity. Color photographs will occasionally be published in the journal if use of color is vital to making the point; authors will be charged the cost of color reproduction. Figures that do not conform to these specifications will be sent back to the corresponding author for correction. All abbreviations used in the figure must be spelled out in the legend.

Figure legends should contain enough information for the reader to understand the illustration without referring to the text, but should be concise and should not repeat information already stated in the text. Figure legends should be typed on a separate page. Figures must be referenced sequentially in the text. Authors must assume charges for changes made to figures after manuscripts are accepted.

**Units of Measure.** Authors should provide units of measurement in SI units. Authors should refer to the *American Medical Associa-*

*tion Manual of Style*, Tenth Edition (p 787) for details regarding SI units for laboratory data. Where customary or conventional units of measurements are clinically more familiar—such as hemodynamic measurements for pressure (typically reported in mm Hg) and gas tension measurements (typically reported in torr), the SI value and SI units should be reported in parentheses (e.g., Pao<sub>2</sub> 84 torr [11.2 kPa]). The units of vascular resistance are dyne.sec/cm<sup>5</sup>.

**Manufacturer.** Provide in parentheses the model number, name of manufacturer, their city, and state or country, for all equipment described in the paper.

**Drug Names.** Only generic drug names should be used. Trademark or brand names should not be used except in specific cases where the brand name is essential to reproduce or interpret the study. These exceptions should be noted in accompanying correspondence. The manufacturer with the city, state, and country must be provided for any brand name drugs.

**Permissions.** Any submitted materials that are to be reproduced (or adapted) from copyrighted publications must be accompanied by a written letter of permission from the copyright holder. Accepted manuscripts will be delayed if necessary permissions are not on file. A sample of a permission request can be found on Editorial Manager® in the instruction section.

**Supplemental Digital Content:** Authors may submit Supplemental Digital Content to enhance their article's text and to be considered for online-only posting. Supplemental Digital Content may include the following types of content: text documents (including software code), graphs, tables, figures, graphics, illustrations, audio, and video. Tables that are too long to fit on a single printed page of the journal should be submitted as Supplemental Digital Content. Any appendices being submitted should be submitted as Supplemental Digital Content. Cite all Supplemental Digital Content consecutively in the text. Citations should include the type of material submitted, should be clearly labeled as "Supplemental Digital Content," should include a sequential number, and should provide a brief description of the supplemental content. Provide a legend of Supplemental Digital Content at the end of the text. List each legend in the order in which the material is cited in the text. The legends must be numbered to match the citations from the text. Include a title and a brief summary of the content. For audio and video files, also include the author name, videographer, participants, length (minutes), and size (MB). Authors should mask patients' eyes and remove patients' names from Supplemental Digital Content unless they obtain written consent from the patients and submit written consent with the manuscript. Copyright and

Permission forms for article content including Supplemental Digital Content must be completed at the time of submission.

**Supplemental Digital Content Size and File Type Requirements:** To ensure a quality experience for those viewing Supplemental Digital Content, it is suggested that authors submit supplemental digital files no larger than 10 MB each. Documents, graphs, and tables may be presented in any format. Figures, graphics, and illustrations should be submitted with the following file extensions: .tif, .eps, .ppt, .jpg, .pdf, .gif. Audio files should be submitted with the following file extensions: .mp3, .wma. Video files should be submitted with the following file extensions: .wmv, .mov, .qt, .mpeg, .mp4. Video files should also be formatted with a 320 x 240 pixel minimum screen size. For more information, please review publisher requirements for submitting Supplemental Digital Content: <http://links.lww.com/A142>.

## MANUSCRIPT CATEGORIES

Guidelines for the most frequent types of articles submitted to the journal are summarized below.

**Original Articles.** These include randomized controlled trials, intervention studies, laboratory and animal research, outcome studies, cost-effectiveness analyses, and case-control series. The objective and hypothesis of these articles should be clearly stated. Information should be included about study design and methodology, including study setting and time setting; participants, including inclusion and exclusion criteria; any interventions; main outcome measures; main study results; discussion that puts the results in the context of other published literature; and conclusions. The recommended length for original manuscript is 3000 or fewer (12 or fewer typed, double-spaced pages), not including references, tables, or figures. Original articles should include not more than 5 tables and figures in total (e.g., 3 figures and 2 tables) and not more than 50 references. Additional figures, tables, and explanatory material should be submitted as Supplemental Digital Content, as noted above. Authors should include the word count on the title page.

**Review Articles.** These consist of critical assessment of literature and data pertaining to clinical topics. In these review articles, emphasis should be placed on cause, diagnosis, therapy, prognosis, and prevention. Information concerning the type of study or analysis, population, intervention, and outcome should be included for all data used. The selection process used for all data should be described using standard methodologies. Meta-analyses

will be considered as review papers. Review articles should not exceed 3000 words (12 typed, double-spaced pages) and should include not more than a total of 5 figures and tables (e.g., 3 figures and 2 tables). Additional figures, tables, and explanatory material should be submitted as Supplemental Digital Content, as noted above. Authors should include the word count on the title page.

**Brief Reports.** These should be short reports of original studies or evaluations. They should contain a short, structured abstract and no more than 10 references and 1 to 2 figures or tables. Brief Reports should be no more than 1500 words (6 typed, double-spaced pages). Authors should include the word count on the title page.

**Case Reports.** Case reports will be considered for publication only rarely, and then only if the case is unique with respect to the problem or novel with respect to management. Case reports should be approximately less than 2000 words (up to 8 typed, double-spaced pages). They must include a structured abstract. The number of references, tables, and figures should be appropriate for the overall length of the paper. In general, no more than 2 tables or 2 figures are necessary.

**Letters to the Editor.** Letters to the Editor are encouraged. Letters must specifically address a recent article published in *Critical Care Medicine* and may not report any new, unreviewed data. They should be no more than 500 words (2 typed, double-spaced pages) with 5 references.

**Invited Editorial.** These represent commentaries addressing newly published articles in the journal and are by invitation only. Invited editorials should be no more than 1500 words (6 typed double-spaced pages) with a maximum of 15 references and a maximum of 2 figures and/or tables. See "Writing Editorials for *Critical Care Medicine*" on the main Editorial Manager® login page under Files and Resources.

**Invited Viewpoint.** These represent opposing positions taken in a point/counterpoint format and are by invitation only. Suggestions for topics and presenters for point/counterpoint segments may be submitted to [journals@sccm.org](mailto:journals@sccm.org). Suggestions will be reviewed by the editors. Invited viewpoints should be no more than 1500 words (6 typed double-spaced pages) with a maximum of 25 references and a maximum of 3 figures and/or tables.

## EDITORIAL REVIEW

All manuscripts will be reviewed by Editorial Board members or consultants selected by the

editor-in-chief. Initial editorial reviews usually are completed within 4 weeks of manuscript submission. The time required for review of revised manuscripts is variable. For further information, please see the Foreword to the May 2015 issue of *Critical Care Medicine*, entitled "The Review Process", which can be found on the main Editorial Manager® login page under Files and Resources.

## ACCEPTANCE

All information regarding the accepted manuscript and its publication date are confidential. No information regarding the manuscript can appear in print, on the television or radio, or in any electronic form until the day before its publication date. It cannot be released to the media until the day before the publication date.

Manuscripts accepted for publication are copyedited and returned to the author for approval. Authors are responsible for all statements published in their work, including any changes made by the copy editor. Authors are encouraged to proofread all edited manuscripts carefully. The journal reserves the right to charge authors for excessive changes made to the text and figures at the page proof stage.

## Permissions

For permission and/or rights to use content for which the copyright holder is the Society of Critical Care Medicine or Wolters Kluwer, Inc., please go to the journal's Web site and after clicking on the relevant article, click on the "Get Content & Permissions" link under the "Article Tools" box that appears on the right side of the page. For questions about the Rightslink service, e-mail [customer-care@copyright.com](mailto:customer-care@copyright.com) or call 877-622-5543 (U.S. Only) or 978-777-9929. Permissions FAQs and information on author's permission requests are available at <https://shop.lww.com/journal-permission>. For additional permission inquiries, please contact [Permissions@LWW.com](mailto:Permissions@LWW.com).

For translation rights requests, contact [TranslationRights@wolterskluwer.com](mailto:TranslationRights@wolterskluwer.com). For license to republish and distribute requests, contact [HealthLicensing@wolterskluwer.com](mailto:HealthLicensing@wolterskluwer.com).

For special projects and reprints (U.S./Canada), contact Alan Moore at [Alan.Moore@wolterskluwer.com](mailto:Alan.Moore@wolterskluwer.com) or [\[wolterskluwer.com\]\(mailto:wolterskluwer.com\). For special projects and reprints \(non-U.S./Canada\), contact Avia Potashnik at \[Avia.Potashnik@wolterskluwer.com\]\(mailto:Avia.Potashnik@wolterskluwer.com\) or \[InternationalReprints@wolterskluwer.com\]\(mailto:InternationalReprints@wolterskluwer.com\).](mailto:reprintsolutions@</a></p></div><div data-bbox=)

## OPEN ACCESS

Authors of accepted peer-reviewed articles have the choice to pay a fee to allow perpetual unrestricted online access to their published article to readers globally, immediately upon publication. Authors may take advantage of the open access option at the point of acceptance to ensure that this choice has no influence on the peer review and acceptance process. These articles are subject to the journal's standard peer-review process and will be accepted or rejected based on their own merit.

The article processing charge (APC) is charged on acceptance of the article and should be paid within 30 days by the author, funding agency or institution. Payment must be processed for the article to be published open access. For a list of journals and pricing, please visit our Wolters Kluwer Open Health Journals page (<http://www.wkopenhealth.com/journals.php>).

### *Authors Retain Copyright*

Authors retain their copyright for all articles they opt to publish open access. Authors grant Wolters Kluwer an exclusive license to publish the article and the article is made available under the terms of a Creative Commons user license. Please visit our Open Access Publication Process page (<http://www.wkopenhealth.com/process.php>) for more information.

### *Creative Commons License*

Open access articles are freely available to read, download and share from the time of publication under the terms of the Creative Commons License Attribution-Non-Commercial No Derivative (CC BY-NC-ND) license (<http://creativecommons.org/licenses/>). This license does not permit reuse for any commercial purposes nor does it cover the reuse or modification of individual elements of the work (such as figures, tables, etc.) in the creation of derivative works without specific permission.

### *Compliance with Funder Mandated Open Access Policies*

An author whose work is funded by an organization that mandates the use of the Creative

Commons Attribution (CC BY) license (<http://creativecommons.org/licenses/>) is able to meet that requirement through the available open access license for approved funders. Information about the approved funders can be found here: <http://www.wkopenhealth.com/inst-fund.php>

When an OA option is chosen after acceptance, the Corresponding Author (on behalf of all authors) will also sign a License to Publish.

The authors will retain the copyright.

It is the responsibility of the Corresponding Author to inform the *Critical Care Medicine* Editorial Office that they have RCUK or Wellcome Trust funding. Neither the SCCM nor Wolters Kluwer, Inc., will be held responsible for retroactive deposits to PMC if the author has not completed the proper forms.

### *FAQ for Open Access*

<http://www.wkopenhealth.com/openaccessfaq.php>

## REPRINTS

Authors will receive an e-mail notification with a link to the order form soon after their article publishes in the journal (<https://shop.lww.com/author-reprint>). Reprints are normally shipped 6-8 weeks after publication of the issue in which the article appears. E-mail [authorreprints@wolterskluwer.com](mailto:authorreprints@wolterskluwer.com) with any questions.

## CONTACT

Questions regarding the status of submitted manuscripts are best answered by logging on to the FAQ section of Editorial Manager®. The assigned manuscript number will allow authors to view the status of their manuscript. If authors need additional information regarding a manuscript, please send an e-mail to [journals@sccm.org](mailto:journals@sccm.org) and include your manuscript number in the request, or call (847) 827-6869 Monday through Friday, from 0800 to 1700, Central Standard Time.

Correspondence can also be sent to: Timothy G. Buchman, PhD, MD, MCCM Editor-in-Chief, *Critical Care Medicine* Society of Critical Care Medicine 500 Midway Drive Mount Prospect, IL 60056