

Instructions to authors

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1. GENERAL INFORMATION

Archives of Pediatric Critical Care (*Arch Pediatr Crit Care*, APCC) is an open-access, peer-reviewed scientific journal of medicine published in English and Korean. APCC is the official journal of Korean Society of Pediatric Critical Care Medicine and is published biannually on the last day of June and December.

The journal aims to accumulate evidence and rapidly disseminate recently updated knowledge from clinical and experimental results through prompt publication to inform all pediatricians, pediatric intensivists, pediatric critical care nurses, and other healthcare professionals, researchers, and policymakers related to pediatric critical care to improve the field of pediatric critical care. Additionally, it will initiate dynamic, international, and academic discussions concerning the major topics related to pediatric critical care. Manuscripts are categorized as editorial, original articles, review articles, letters to editors, and case reports.

Manuscripts for submission to APCC should be prepared according to the following instructions. APCC follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, issued by the International Committee of Medical Journal Editors (ICMJE Recommendations) if otherwise not described below.

2. ARTICLE PROCESSING CHARGE

APCC is an open-access journal that does not charge authors any fees. All costs associated with publishing, including article processing charges, are supported by the publisher. However, this policy could

be changed in the future.

3. RESEARCH AND PUBLICATION ETHICS

The journal adheres to the ethical guidelines for research and publication described in the Committee on Publication Ethics (COPE) Guidelines (<https://publicationethics.org/resources/guidelines>), the ICMJE Recommendations (<https://www.icmje.org>), and the Good Publication Practice Guideline for Medical Journals (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13). Furthermore, all processes addressing research and publication misconduct shall follow the flowchart of COPE (<https://publicationethics.org/resources/flowcharts>). Any attempts to duplicate publications or engage in plagiarism will lead to automatic rejection and may prejudice the acceptance of future submissions.

3.1. Statement of Human and Animal Rights

Any investigations involving humans and animals should be approved by the Research Ethics Committee (REC) or the Institutional Review Board (IRB) and Animal Care Committee, respectively, of the institution where the experiment was performed. Such approval, the approval number, and IRB or REC institution name should be stated in the Methods section of the manuscript. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). APCC will not consider any studies involving humans or animals without appropriate approval. Informed consent should be obtained, unless waived by the IRB, from patients who participated in clinical investigations. In the case of an animal study, a statement should be provided indicating that the experiment process, such as the breeding and the use of laboratory animals, was approved by the REC of the institution where the experiment was performed or that it does not violate the rules of the REC of the institution or the NIH Guide for the Care and Use of Laboratory Animals (Institute of Laboratory Animal Resources, Commission on Life Sciences, National Research Council). The authors should preserve raw experimental study data for at least 1 year after the publication of the paper and should present this data if required by the editorial board.

3.2. Protection of Privacy, Confidentiality, and Written Informed Consent

The ICMJE has recommended the following statement for the protection of privacy, confidentiality, and written informed consent: The rights of patients should not be infringed without written informed consent. Identifying details (patient's names, initials, hospital numbers, dates of birth, or other personal or identifying information, protected healthcare information) should not be published in written descriptions. Images of human subjects should not be used unless the information is essential for scientific purposes and explicit permission has been given as part of the consent. Even where consent has been given, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, authors should provide assurances that such alterations do not distort scientific meaning. If consent has not been obtained, it is generally not sufficient to anonymize a photograph simply by using eye bars or blurring the face of the individual concerned.

3.3. Conflicts of Interest

The corresponding author of an article is asked to inform the editor of the author's potential conflicts of interest that may influence the interpretation of data. A potential conflict of interest should be disclosed in the manuscript even when the authors are confident that their judgments have not been influenced in preparing the manuscript. All authors should disclose their conflicts of interest, i.e., (1) financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony), (2) personal relationship, (3) academic competition, and (4) intellectual passion. These conflicts of interest must be included as a footnote on the title page. Each author should certify the disclosure of any conflict of interest with his/her signature.

3.4. Authorship

An author is considered an individual who has made substantive intellectual contributions to a published study and whose authorship continues to have important academic, social, and financial implications. To be listed as an author, authorship credit should be based on one's contribution substantially to all four categories established by the International Committee of Medical Journal Editors (ICMJE): (1) conception and design, or acquisition, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. If any persons do not meet the above four criteria, they may be listed as

contributors in the Acknowledgments section.

- A list of each author's role should accompany the submitted paper. The contributions of all authors must be described using the Contributor Roles Taxonomy (CRediT; <https://credit.niso.org/>).
- Correction of authorship: Any requests for such changes in authorship (adding author(s), removing author(s), or re-arranging the order of authors) after the initial manuscript submission and before publication should be explained in writing to the editor in a letter or email from all authors. This letter must be signed by all authors of the paper. Each author must complete the copyright assignment.
- Role of corresponding author: The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process. The corresponding author typically ensures that all of the journal's administrative requirements, such as providing the details of authorship, ethics committee approval, clinical trial registration documentation, and conflicts of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner and after publication should be available to respond to critiques of the work and cooperate with any requests from the journal for data or additional information or questions about the article.
- Recommendations for working with people with personal connections: Authors who intend to include minors (under the age of 19) or their family members (such as spouse, children, and relatives) in their research, including when publishing or presenting papers jointly with them, should clearly indicate this in the cover letter. For further information, please refer to the "Guidelines for Preventing Illegitimate Authorship" by the National Research Foundation of Korea (<https://www.cre.re.kr/>).

3.5. Originality, Plagiarism, and Duplicate Publication

Manuscripts that are under review or have been published by other journals will not be accepted for publication in APCC, and articles published in this journal are not allowed to be reproduced, in whole or in part, in any type of publication without the permission of the Editorial Board. When a similar article has been already published elsewhere or in this journal, its copy should be submitted to the editorial office with the relevant manuscript. The editorial board of the APCC will decide whether the relevant manuscript has been previously published and examine whether it can be published in this Journal.

Figures and tables can be used freely if the original source is veri-

fied according to the Creative Commons Non-Commercial License. It is mandatory that all authors resolve any copyright issues when citing a figure or table from a different journal that is not open-access.

Similarity Check is used to screen submitted manuscripts for possible plagiarism or duplicate publication upon arrival. If plagiarism or duplicate publication is detected, the manuscript will be rejected, the authors will be announced in the journal, and their institutions will be informed. There will also be penalties for the authors.

If the author(s) wishes to obtain a duplicate or secondary publication for various other reasons, such as for readers of a different language, he/she should obtain approval from the editors-in-chief of both the first and second journals.

3.6. Secondary Publication

It is possible to republish a manuscript if it satisfies the condition of secondary publication of the ICMJE Recommendations, available from: <https://www.icmje.org/> as follows:

(1) Certain types of articles, such as guidelines produced by governmental agencies and professional organizations, may need to reach the widest possible audience. In such instances, editors sometimes deliberately publish material that is also published in other journals with the agreement of the authors and the editors of those journals.

(2) Secondary publication for various other reasons, in the same or another language, especially in other countries, is justifiable and can be beneficial provided that the following conditions are met. The authors have received approval from the editors of both journals (the editor concerned with secondary publication must have a photocopy, reprint, or manuscript of the primary version). The priority of the primary publication is respected by a publication interval of at least one week (unless specifically negotiated otherwise by both editors).

(3) The paper for secondary publication is intended for a different group of readers; therefore, an abbreviated version could be sufficient. The secondary version faithfully reflects the data and interpretations of the primary version. The footnote on the title page of the secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part and states the primary reference. A suitable footnote might read: "This article is based on a study first reported in the [title of a journal, with full reference]."

3.7. Management of Research and Publication Misconduct

When the Journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflicts of interest, ethical problems with a submitted manuscript, a

reviewer who has appropriated an author's idea or data, or complaints against editors, the resolution process will follow the flowchart provided by the COPE (<https://publicationethics.org/resources/flow-charts>). Discussions and decisions on suspected cases are conducted by the Editorial Board.

3.8. 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 ensuring that there is no plagiarism and no fraudulent data in publications. Editors maintain the following responsibilities: the responsibility and authority to reject and accept articles; no conflicts of interest with respect to articles they reject or accept; the acceptance of a paper when reasonably certain; promoting the publication of corrections or retractions when errors are found; and the preservation of the anonymity of reviewers.

4. EDITORIAL POLICY

4.1. Copyright

Authors must declare that the submitted work is their own and that copyright has not been breached in seeking its publication. The copyrights of all published materials are owned by Korean Society of Pediatric Critical Care Medicine. Every author should sign the authorship responsibility and copyright transfer agreement form, attesting that he or she fulfills the authorship criteria. The corresponding author is responsible for submitting the Copyright Transfer Form during the submission process. In addition, it is the authors' responsibility to obtain written permission to reproduce (in all media, including electronic) any material that has appeared previously in another publication. Authors should provide copies of permission letters for any material reproduced from copyrighted publications. Submitted material will not be returned to the author unless specifically requested.

4.2. Open-Access License

APCC is an open-access journal that is free of charge. Articles are distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted noncommercial use, distribution, and reproduction in any medium if the original work is properly cited. The person using APCC online may use, reproduce, disseminate, or display the open access version of content from this journal for non-commercial purposes. For any commercial use of material from this

open-access journal, permission must be obtained from Korean Society of Pediatric Critical Care Medicine (email: kspccm@kspccm.org).

4.3. Article Sharing (Author Self-Archiving) Policy

APCC is an open-access journal, and authors who submit manuscripts to APCC can share their research in several ways, including on preprint servers, social media platforms, at conferences, and in educational materials, in accordance with our open-access policy. However, it should be noted that submitting the same manuscript to multiple journals is strictly prohibited.

4.4. Registration of Clinical Trial Research

Any research that deals with a clinical trial should be registered with a primary national clinical trial registration site such as <https://cris.nih.gov/cris/index.jsp>, or other primary national registry sites accredited by the World Health Organization (<http://www.who.int/ictrp/network/primary/en/>) or clinicaltrials.gov (<http://clinicaltrials.gov/>), a service of the United States National Institutes of Health.

4.5. Data Sharing Policy

APCC encourages data sharing wherever possible unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the digital object identifier (DOI) within the text of the manuscript. APCC accepts the ICMJE Recommendations for data sharing statement policy (<http://www.icmje.org/recommendations/>). Authors may refer to the editorial, “Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors,” in *J Korean Med Sci* 2017;32:1051-3 (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

4.6. Archiving

In accordance with the Korean Library Act, the full-text of the APCC can be archived in the National Library of Korea (NLK; <https://seoji.nl.go.kr/archive>). APCC provides an electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in NLK and the National Library of Korea can permanently preserve submitted APCC papers.

4.7. Preprint Policy

A preprint can be defined as a version of a scholarly paper that precedes formal peer review and publication in a peer-reviewed scholarly journal. APCC allows authors to submit preprints to the journal. It is not treated as duplicate submission or duplicate publication. APCC recommends that authors disclose the existence of a preprint with its DOI in the letter to the Editor during the submission process. Other-

wise, a plagiarism check program—Similarity Check (Crosscheck) or Copy Killer—may flag the results as containing excessive duplication. A preprint submission will be processed through the same peer-review process as a usual submission. If a preprint is accepted for publication, the authors are recommended to update the information on the preprint site with a link to the published article in APCC, including the DOI at APCC. It is strongly recommended that authors cite the article in APCC instead of the preprint in their next submission to journals.

4.8. Peer Review Policy

All papers, including those invited by the editor, are subject to peer review. APCC has adopted a double-blind peer review policy, where the author identities remain anonymous to the reviewers, and vice versa and the identities of the reviewers and authors are visible to (decision-making) the editor throughout the peer review process. The Editorial Board selects reviewers based on expertise, publication history, and past reviews. During the peer review process, reviewers can interact directly or exchange information (e.g., via submission systems or email) with only an editor, which is known as “independent review.” An initial decision will normally be made within 2 weeks after the reviewers agree to review a manuscript. No information about the review process or editorial decision process is published on the article page.

All manuscripts from editors, employees, or members of the editorial board are processed in the same way as other unsolicited manuscripts. During the review process, submitters will not engage in the selection of reviewers or the decision process. Editors will not handle their manuscripts even if the manuscripts are commissioned. The conflict of interest declaration should be added as follows.

Conflicts of Interest: OOO has been an editorial board member of *Archives of Pediatric Critical Care* since OOO but has no role in the decision to publish this article. No other potential conflicts of interest relevant to this article were reported.

5. MANUSCRIPT PREPARATION

5.1. General Principles

- The manuscript must be written in English or Korean. When the manuscript is written in Korean, medical terminology should be translated according to the medical terminology most recently published by the Korean Medical Association. In the case of a Korean manuscript, title, an abstract, tables, and figures should be all provided in English. Manuscripts should be submitted in the file format of Microsoft Word (DOC). The text of the manuscript, including tables and their footnotes and figure legends,

must be double-spaced and in standard 12-point font on A4 paper size with left and right margin spaces of 2 cm and top and bottom margins of 3 cm.

- Abbreviations are strongly discouraged except for units of measurement. Do not use abbreviations in the title. The full term for which the abbreviation stands should be used at its first occurrence in the text.
- The use of international standardized units is encouraged. Measurement of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) and laboratory values should be displayed in International System of Units (SI). These are available at <https://www.nist.gov/pml/owm/metric-si/si-units>.
- Statistical methods must be described and the program used for data analysis, and its source, should be stated. Standard deviation and standard error should be described in the format of mean \pm SD and mean \pm SE, respectively. *p*-values should be described as $p < 0.05$ or $p = 0.003$. It is recommended that the *p*-value be written with up to 3 decimal places unless there are special cases.

5.2. Categories of Manuscripts

APCC publishes editorials, original articles, review articles, case reports, and letters to the editor.

- **Editorials:** Editorials are commentaries on current topics or manuscripts related to materials within the current issue. they raise challenging questions or explore controversies. The editor solicits such opinion pieces. Editorials are invited by the Editors. The order of the submitted manuscript includes a title page, integrated discussion, and references. The text should be limited to 1,500 words and 10 references. A maximum of 2 figures or tables may be included.
- **Original articles:** Original articles are papers containing the results of clinical or laboratory investigations in areas relevant to pediatric critical care medicine, which are sufficiently well documented to be acceptable to critical readers. The basic structure of manuscripts reporting original articles should include the following: abstract (structured abstract of no more than 300 words); maximum length: 4,000 words in English and 8,000 characters in Korean (not including abstract, tables, figures, acknowledgments, references); no more than a total of 6 tables and/or figures; no more than 50 references.
- **Review articles:** Reviews on clinical topics provide an up-to-date review for clinicians on a topic of general common interest from the perspective of internationally recognized experts in the pediatric critical care field. The focus of review articles will be an up-

date on the current understanding of the physiology of the disease or condition, diagnostic consideration, and treatment. The basic structure of manuscripts reporting review articles should include the following: Abstract (unstructured abstract of no more than 300 words); maximum length: 5,000 words in English and 10,000 characters in Korean (not including abstract, tables, figures, acknowledgments, references); no more than a total of 6 tables and/or figures; no more than 100 references.

- **Case reports:** Case reports describe unique and instructive cases that make an important teaching point or scientific observation, novel techniques, use of new equipment, or new information on diseases that are of importance to the pediatric critical care field. The basic structure of manuscripts reporting case reports should include the following: abstract (unstructured abstract of no more than 250 words); section headings in the main text (introduction, case report, discussion); maximum length: 2,000 words in English and 4,000 characters in Korean of text (not including abstract, tables, figures, acknowledgments, references); no more than a total of 5 tables and/or figures; no more than 20 references.
- **Letters to the editor:** Letters to the Editor should include brief constructive comments that concern a published article; a short, free-standing opinion; or a short, interesting case. Letters discussing a recent article in this journal should be submitted within 6 months of the publication of the article in print. Letters should not exceed 1,000 words in English and 2,000 characters in Korean of text and 10 references, 1 of which should be to the recent article. No abstract is required.

Table 1. Recommended maximums^{a)} for articles submitted to ACP

Type	Abstract/keyword	Text (English & Korean) ^{b)}	Figure & table	Reference
Editorials	-	1,500 Words & 3,000 characters	2	10
Original articles	300 Words/6	4,000 Words & 8,000 characters	6	50
Review articles	300 Words/6	5,000 Words & 10,000 characters	6	100
Case reports	250 Words/6	2,000 Words & 4,000 characters	5	20
Letters to the editor	-	1,000 Words & 2,000 characters	-	10

^{a)}The requirements for the number of references and length of the main text can be consulted with the Editorial Office; ^{b)}Not including an abstract, tables, figures, acknowledgments, and references.

5.3. Reporting Guidelines for Specific Study Designs

For the specific study design, it is recommended that authors follow the reporting guidelines, such as CONSORT (<http://www.consort-statement.org>) for randomized controlled trials, STROBE (<http://www.strobe-statement.org>) for observational studies, PRIS-

MA (<http://www.prisma-statement.org>) for systematic reviews and meta-analyses, and CARE (<https://www.care-statement.org>) for case reports. A good source for reporting guidelines is the EQUATOR Network (<https://www.equator-network.org/>) and the United States National Institutes of Health/National Library of Medicine (https://www.nlm.nih.gov/services/research_report_guide.html).

5.4. Format of Manuscript

(1) Title page

All contents on the title page should be written in English. For manuscripts written in Korean, the title and authors' names must also be written in both Korean and English.

- **Title:** The title should be concise and precise. Only the first letter of title must be capitalized.
- **Running title:** A running head of no more than 50 characters including letters and spaces should be included in English.
- **Author list and affiliations:** Full names of authors and institutional affiliation(s) should be included for each author. If several authors and institutions are listed, it should be made clear with which department and institution each author is affiliated. For a multicenter study, indicate each individual's affiliation using a superscript Arabic number (e.g., ^{1,2,3}).
- **Corresponding author:** The corresponding author's name, postal code, address, and email should be included.
- **ORCID (Open Researcher and Contributor ID):** ORCIDs of all authors are recommended to be provided. They can obtain ORCIDs at the website (<http://orcid.org/>).
- **Author contributions:** The contributions of all authors must be described using the Contributor Roles Taxonomy (CRediT; <https://credit.niso.org/>).
- **Conflict of interest:** If there are any conflicts of interest, authors should disclose them in the manuscript. Disclosures allow editors, reviewers, and readers to approach the manuscript with an understanding of the situation and background of the completed research. If there are no conflicts of interest, authors should include the following sentence: "No potential conflict of interest relevant to this article was reported."
- **Funding statement:** Describe the sources of funding that have supported the work. Please include relevant grant numbers and the URL of any funder's website. Also, describe the role of any sponsors or funders.
- **Acknowledgments:** Any persons that contributed to the study or the manuscript, but not meeting the requirements of authorship could be placed here. If you do not have anyone to acknowledge, please write "Not applicable" in this section.

(2) **Abstract and keywords:** The abstract of original article should be concise (less than 300 words) and describe concisely the Background, Methods, Results, and Conclusion, in a structured format. In principle, acronyms and informal abbreviations should be avoided, but they, if needed, can be kept to an absolute minimum with proper identifications. The abstracts of review articles and case reports should be in an unstructured format and limited to 300 and 250 words, respectively.

A maximum of 6 keywords should be listed at the end of the abstract to be used as index terms. For the selection of keywords, refer to Medical Subject Headings (MeSH) in Index Medicus, or <http://www.nlm.nih.gov/mesh/MBrowser.html>.

(3) **Introduction:** A brief background, references to the most pertinent papers general enough to inform readers, and the relevant findings of others should be included. It is recommended that the introduction includes general and specific background, a debating issue, and the specific purpose of this study.

(4) **Methods:** When reporting experiments with human or animal subjects, the authors should indicate whether they received approval from the relevant committees for the study. The materials and study design should be presented in detail. The sources of special chemicals or preparations should be given (name of company). The method of statistical analysis and the criteria for determining significance levels should be described.

Clearly describe the selection of observational or experimental participants (healthy individuals or patients, including controls), including eligibility and exclusion criteria and a description of the source population. Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and 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 and gender. If the study was done involving an exclusive population, for example in only one sex, 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.

(5) **Results:** This section should be presented logically using text, tables, and illustrations. Excessive repetition of table or figure contents should be avoided. Results should not be presented in duplicate as table and figure.

(6) **Discussion:** The discussion should focus on the interpretation and significance of the findings and include the objective comments that describe their relation to other work in the area as well as new and important aspects of the study. The data should be interpreted concisely without repeating materials already presented in the results

section. A summary or conclusion should be included at the end of this section.

(7) References

- References should be listed in the sequence cited in the paper, and sequential numbers should be attached in the middle or at the end of the corresponding sentences in the body of the text.
- References should be identified in the text with full-size Arabic numerals on the line and in square brackets. e.g., In the study by Song et al. [23]...
- All authors up to 6 can be listed. If author number is more than 6, the names of all authors after the first 6 authors should be abbreviated to "et al".

• Examples of reference style

Journal article

1. Scumpia PO, Sarcia PJ, Kelly KM, DeMarco VG, Skimming JW. Hypothermia induces anti-inflammatory cytokines and inhibits nitric oxide and myeloperoxidase-mediated damage in the hearts of endotoxemic rats. *Chest* 2004;125:1483-91.
2. Chakdour S, Vaidya PC, Angurana SK, Muralidharan J, Singh M, Singhi SC. Pulmonary Functions in Children Ventilated for Acute Hypoxemic Respiratory Failure. *Pediatr Crit Care Med* 2018;19:e464-71.
3. Nam KH, Kang HK, Lee SS, Park SH, Kang SW, Hwang JJ, et al. Effects of high-flow nasal cannula in patients with mild to moderate hypercapnia: a prospective observational study. *Acute Crit Care* 2021;36:249-55.
4. Ghorbanzadeh K, Ebadi A, Hosseini M, Madah SS, Khankeh H. Challenges of the patient transition process from the intensive care unit: a qualitative study. *Acute Crit Care* 2021 Jan 28 [Epub]. <https://doi.org/10.4266/acc.2020.00626>

Book and book chapter

5. Shaffner DH, Nichols DG. Rogers' textbook of pediatric intensive care. 5th ed. Wolters Kluwer; 2016.
6. Ventre KM, Arnold JH. Acute lung injury and acute respiratory distress syndrome. In: Shaffner DH, Nichols DG, editors. Rogers' textbook of pediatric intensive care. 5th ed. Wolters Kluwer; 2016. p.766-93.

Website

7. Extracorporeal Life Support Organization. ECLS registry report & international summary of statistics [Internet]. Extracorporeal Life Support Organization; 2019 [cited on 2021 Dec 15]. Available from: <https://www.elseo.org/registry/international-summaryandreports.aspx>

(8) Tables

- Tables should be referenced in the main text in sequential order and uploaded separately with the main text. Each table should be inserted on a separate page, with the table number and table title above the table.
- Titles of tables should be concise using a phrase or a clause. The first character should be capitalized. Table footnotes should be indicated with superscript small letters (e.g., ^{a), b), c)}) in alphabetical order.
- All symbols and abbreviations should be described below the table. All units of measurements and concentrations should be designated. Unnecessary longitudinal lines should not be drawn.
- If a table has been previously published should be accompanied by the written consent of the copyright holder and the footnote must acknowledge the original source.

(9) Figures and figure legends

- Figure numbers, in Arabic numerals, should appear in the figure legends. Arabic numerals should be used in the order in which the figures are referred to in the main text. In cases where more than two photographs are used with the same number, alphabet characters should be used next to the Arabic numeral (e.g., Fig. 1A, Fig. 1B).
- All pictures and photographs should be described in the legend with complete sentences rather than incomplete phrases or a clause. All symbols and abbreviations should be described below the figure. The description of footnotes below the figure should follow the order of that of acronyms and then symbols. Symbols should be marked with small alphabet letters in the order of their usage such as ^{a), b), c)}.
- Figures should be submitted separately from the text of the manuscript. APCC publishes in full color and encourages authors to use color to increase the clarity of figures. All pictures and photographs should be of excellent quality and supplied as TIFF, JPEG, GIF, or PPT files with a resolution of more than 300 dpi. Except for particularly complicated drawings that show large amounts of data, all figures are published at one page or one column width. All kinds of figures may be reduced, enlarged, or trimmed for publication by the editor.
- A previously published figure should be accompanied by a footnote acknowledging the original source and the consent of the copyright holder.

(10) Supplemental data

Nonessential tables and figures may accompany articles as online-only supplemental files. All online-only supplementary files

should be combined in one document file (whenever possible) and uploaded separately during the submission process. These files must be referenced in the main text of the manuscript at least once (e.g., Supplementary Table 1). All online-only supplemental files are subject to review, but such files will not be copyedited or proofread by production staff. As such, authors are encouraged to review their supplemental files carefully before submitting them.

6. MANUSCRIPT SUBMISSION AND PEER REVIEW PROCESS

6.1. Online Submission

All manuscripts should be submitted online via the online submission system available at: <https://submit.apccjournal.org/>. Under this online system, only corresponding authors can submit manuscripts. The process of reviewing and editing will be conducted entirely through this system. Once you have logged into your account, the online system will lead you through the submission process in a step-by-step orderly process. Submission instructions are available on the website. In case of any trouble, please contact the editorial office (Email: kspccm@kspccm.org).

6.2. Screening after Submission

Screening process will be conducted after submission. If the manuscript does not fit the aims and scope of the Journal or does not adhere to the Instructions to authors, it may be returned to the author immediately after receipt and without a review. Before reviewing, all submitted manuscripts are inspected by “Similarity Check powered by iThenticate (<https://www.crossref.org/services/similarity-check/>), a plagiarism-screening tool. If a too high a degree of similarity score is found, the Editorial Board will do a more profound content screening. The criterion for similarity rate for further screening is usually 15%; however, the excess amount of similarity in specific sentences may be also checked in every manuscript. The settings for Similarity Check screening are as follows: It excludes quotes, a bibliography, small matches of 6 words, small sources of 1%, and the Methods section.

6.3. Peer Review Process

Submitted manuscripts will be reviewed by two or more experts in the corresponding field. The Editorial Board may request authors to revise the manuscripts according to the reviewer’s opinion. After revising the manuscript, the author should upload the revised files with a reply to each item of the reviewer’s opinion. The revised part should be marked in red font with an underline.

The author’s revisions should be completed within 30 days after

the request. If it is not received by the due date, the Editorial Board will not consider it for publication again. The manuscript review process can be finished with the second review. If further revision is requested, the Editorial Board may consider it. Editorial Board will make a final decision on the approval of the submitted manuscript for publication and can request any further corrections, revisions, and deletions of the article text if necessary. Statistical editing is also performed if the data requires professional statistical review by a statistician.

6.4. Appeals of Decisions

Any appeal against an editorial decision must be made within 2 weeks of the date of the decision letter. Authors who wish to appeal against a decision should contact the editor-in-chief, explaining in detail the reasons for the appeal. All appeals will be discussed with at least one other associate editor. If consensus cannot be reached thereby, an appeal will be discussed at a full editorial meeting. The process of handling complaints and appeals follows the guidelines of COPE available from (<https://publicationethics.org/appeals>). APCC does not consider second appeals.

7. MANUSCRIPT PROCESSING AFTER ACCEPTANCE

7.1. Final Version

After a paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of authors should be double-checked, and if the originally submitted image files were of poor resolution, higher-resolution image files should be submitted at this time. TIFF and PDF formats are preferred for the submission of digital files of photographic images. Files containing figures must be named according to the figure number (ex: Fig. 1. tiff). Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal’s column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, they should be renumbered to reflect such changes so that all tables, references, and figures are cited in numeric order.

7.2. Manuscript Corrections

Before publication, the manuscript editor will correct the manuscript such that it meets the standard publication format. The author(s) must respond within 2 working days when the manuscript editor contacts the author for revisions. If the response is delayed, the manuscript’s publication may be postponed to the next issue.

7.3. Galley Proof

After corrections have been made, an accepted manuscript will be sent to the publisher for printing. The proof may be revised more than once by the corresponding author, if needed. The author should double-check for corrections in the content, title, affiliation, capitalization, locations of figures, and references. Corresponding authors are responsible for further corrections made after printing.

7.4. Post-publication Discussions

Post-publication discussions can be held through letters to the editor. If any readers have concerns about any articles published, they can submit a letter to the editor related to the articles. If any errors or mistakes are found in an article, they can be corrected through an erratum, corrigendum, or retraction.

8. AUTHOR'S CHECKLIST

- All manuscripts are typed in 12-point font size, double-spaced, and saved as an MS Word file.
- All pages are numbered consecutively starting from the abstract page.
- The order of the manuscript is a title page, abstract, main body, references, and table and legend of figures.
- Figures are inserted into the separated files in the order of citation.
- The title page includes the article title, running title (no more than 50 characters), authors' full name(s) and affiliation, address for correspondence (including address and e-mail), ORCID (all authors), conflict of interest, funding statement, and footnotes, if any.
- The title page states that the manuscript has not been published previously and will not be submitted for publication elsewhere. It discloses conflicts of interest of all listed authors if any.
- The abstract for an original article/review should be less than 300 words, and the abstract for a case report should be less than 250 words.
- The format of an original article is Background, Methods, Re-

sults, and Conclusion, and each component should be on the next line.

- A maximum of 6 keywords should be listed at the end of the abstract to be used as index terms. For the selection of keywords, refer to Medical Subject Headings (MeSH) in Index Medicus.
- The order of the main text is Abstract with Keywords, Introduction, Methods, Results, Discussion, References, and Table and Figure legends.
- All pages are numbered consecutively starting from the abstract page.
- Change the author information (Name, Institute) to "OOO".
- The reference items are listed in the correct format and all references listed in the references section are cited in the text.
- Manuscript for original articles should be limited strictly up to 50 references. For reviews, case reports, and editorials and letters to the editor should be limited strictly to 100, 20, and 10 references).
- Tables are provided in English and an Arabic figure. It should be placed at the end of the manuscript.
- All figures are submitted as a separate file in TIFF, JPEG, GIF, or PPT formats higher than 300 dpi.
- All authors must read the manuscript and agree with the submission.

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