# **British Journal of Anaesthetic and Recovery Nursing**

The journal publishes the following types of article, but welcomes any submission of relevance:

- Editorial
- Original articles
- Original research
- Correspondence
- Case reports
- Notices
- Review articles
- Informative commentary on recent developments
- The activities of the British Anaesthetic Recovery Nurses Association
- Conference Reports
- Book reviews

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### **Submitted Material, General Characteristics**

Authors are requested to submit 2 copies of their typescript and 2 copies of any illustrations.

Rejected papers will not be returned to authors except on request. The Editor cannot accept responsibility for damage to/or loss of material discs.

A paper is accepted for publication on the understanding that it is not being submitted simultaneously to another journal in the English language.

Papers that contain the results of human studies will only be accepted for publication if it is made clear that a high standard of ethics was applied in carrying out the investigations. In the cases of studies involving humans, papers should include a statement that the research protocol was approved by the relevant local Ethics Committee.

The Editor reserves the right to make editorial and literary corrections. Any opinions expressed or policies advocated do not necessarily reflect the opinions of policies of the Editor or the British Anaesthetic Recovery Nurses Association.

# **Full Papers**

Full papers should be not more than 4,000 words in length, with each section beginning on a separate sheet. There should be a title page, summary or abstract, text, acknowledgments, references, tables and captions to any illustrations.

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- Title of the article
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Tables, diagrams and illustrations should be presented on a separate file. Each table should be presented on a separate page and should contain only horizontal rules. Do not submit tables as photographs.

Care should be taken to ensure that all units are included, a short description title should appear above each table and any footnotes, suitably identified, should appear below. Ensure that each table is cited in the text.

Case reports should be considered that add new information or an alternative view to care, treatment and practice. Articles published in this section should have no more than 3 authors, 1,000 words, and should include a summary of approximately 60 words. The author should include 3-6 key words, no more than 2 figures or tables and a maximum of 10 references.

#### **Reference Format**

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"For many years the recovery unit has been viewed as the 'Cinderella' of the operating department. Indeed twenty-five years ago many hospitals did not have recovery units and post surgical patients were recovered on the surgical wards directly from theatres." (Oakley and Spiers 2004 P 137)

A list of all the references in your manuscript should be typed in alphabetical order, double line spaced, on a separate sheet entitled "References". Each reference to a paper needs to include authors' surnames and initials, year of publication, full title of paper, full name of journal, volume number, and first and last page numbers. References should conform to the Harvard style.

Here is an example: Wilson S, Forrester A, (2002) The way forward for anaesthetic and recovery nursing. Accident and Emergency Nursing 13 (1) 1-8.

References to books should be given in a slightly different form, as in these examples: Radford M County B and Oakley M (2004) Advancing Perioperative Practice Cheltenham: Nelson Thornes

When using an edited book, the author of the chapter will be used in the text and in the reference list it will be referred to in the following way

Oakley M and Spiers C (2004) Chapter 6 Principles of Recovery Practice IN Radford M County B and Oakley M (2004) Advancing Perioperative Practice Cheltenham: Nelson Thornes

Secondary references can be used, but overall these should be avoided. With the advent of the internet there are very few primary sources that will be unavailable to authors. The rationale for using a secondary reference is that the author is unable to find the primary source and must therefore use the secondary reference. If a secondary reference has to be used, the text should read; Smith (1978) cited by Brown (2004). In the reference list it is Brown that is listed as the reference, because if the Smith reference had been used it would be the primary reference.

#### Letters to the Editors

Readers will be encouraged to write about any topic that relates to the practice of anaesthetic and recovery practice or relevant to contents of the journal. Such letters will be published in a distinct section. They should be no more than 500 words in length and include no more than 3 references. Short reports, reviews and newsworthy commentary will be considered for publication in the journal. Authors are encouraged to contact the Editor to determine the appropriateness for inclusion.

Any illustrations or photographs will be the responsibility of the authors to produce and supply any relevant artwork at their own cost. Illustrations will be handled conventionally and should be supplied on disc

## Speak to the Editors

The Editor in Chief, Deputy Editor or members of the Editorial Board would be pleased to hear from any potential author in preparation for the journal's launch. Contact can be made at the addresses, telephone numbers and e-mail details listed above.