Instructions to the Authors

About the Journal

Journal of Anaesthesiology Clinical Pharmacology is a quarterly peer-reviewed international journal, and is an official publication of the Research Society of Anaesthesiology Clinical Pharmacology. The permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional / subject-based repository. The journal does not charge for submission, processing or publication c WAME, and COPE. The journal is indexed with various international indexing agencies including Pubmed central, and SCOPUS.

Abstracting and Indexing Information

The journal is registered with the following abstracting partners:
Baidu Scholar, CNKI (China National Knowledge Infrastructure), EBSCO Publishing's Electronic Databases, Ex Libris – Primo Central, Google Scholar, Hinari, Infotrieve, National Science Library, ProQ

Scope of the journal

The journal covers clinical and technical studies related to Anesthesiology and publishes original peer-reviewed research and clinical work in Anesthesiology, Pain, Critical Care, Perioperative Medicine Articles of high impact clinical research and those with implications for clinical practice will be given preference. The journal also publishes commissioned review articles, commentaries, and editorials a

The Editorial Process

A manuscript will be reviewed for possible publication with the understanding and written undertaking that it is being submitted to Journal of Anaesthesiology Clinical Pharmacology alone at that point in manuscripts containing original material will be considered for publication. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the man suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscrip rejected at this stage itself.

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Authorship

Journal of Anaesthesiology Clinical Pharmacology (JOACP) follows the recommendations of International Committee of Medical Journal Editors (ICMJE); the authorship credit should be based on:

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All human trials must be conducted and reported as per ethical standards and must be approved by appropriate authorities including Institutional Review Board (IRB) and Ethical committee approval. It The IRB, ethical committee approval number and consent procedures needs to be mentioned in the method section. Absence of appropriate approvals, consent for study and publication and document committee, it needs to be explicitly mentioned. **The name of ethical committee and IRB alongwith IRB approval number needs to be mentioned in the Title page. It includes the chairperson or needs to be submitted as additional material during the submission.**

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Case Reports/Case Series: Written patient consent or guardian/parent consent in cases of minor must be taken for publication and mentioned in the manuscript. Consent for publication shall be require

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In accordance with the ICMJE's recommendation, JOACP will also accept registration of clinical trials in any of the primary registers that participate in the World Health Organization's International Clini Clinical trial registry platform. It is hosted at the ICMR's National Institute of Medical Statistics (http://nims-icmr.nic.in), is free and online public record system for registration of clinical trials being condu made mandatory by the Drugs Controller General (India) (DCGI) (www.cdsco.nic.in).

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Professor, Anesthesiology,
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E-mail:

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state the hypothesis with the aims of your study. The final paragraph should clearly state the primary and, if applicable, secondary aims or outcomes of the study.

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Technical information: Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. G

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to
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CONSORT	Randomized controlled trials	http://www.consort-statement.org
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PRISMA	Systematic reviews and meta-analyses	http://www.prisma-statement.org
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	https://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a
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A sample size calculation based on the primary outcome with description of statistical power is required. A power analysis should be performed before starting the study to determine the number of sub
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specific tests used to examine the primary outcome measure and also the methods for additional analyses such as subgroup analyses and multiple comparisons. Whenever possible quantify findings a
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observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published or

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated,
argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the d

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Include summary of main findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); then state on how they fit in with previous studies and if they
evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?), what this study adds to the available evidence, effects on patient care and health policy, possible
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The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 wo
submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and shoul

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New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical signific
references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports could be authored by up to four authors. Case reports

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These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary obs
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Commentaries discuss issues that are directly related to published material. Commentaries accompany original articles, critically appraise their results and put their conclusions into a wider context. The
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Additional Information:

Abbreviations

> When an abbreviation first appears in the text, it must be preceded by the complete spelling of the full term it represents, followed by the abbreviation within parentheses. The abbreviation shoul
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Units of measurement

> Units should conform to the Syste`me International (SI), with the exception of units of pressure, which should be expressed in mmHg. Diagonal slashes are acceptable for simple units e.g., mg/k

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References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by Arabic numerals in su
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Articles in Journals

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b. Standard journal article (for more than six authors): List the first three contributors followed by et al.
Nozari Y, Hashemlu A, Hatmi ZN, Sheikhvatan M, Iravani A, Bazdar A, et al. Outcome of coronary artery bypass grafting in patients without major risk factors and patients with at least one majo
c. Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994; 102 Suppl 1:275-82.
d. Issue with supplement: Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. Semin Oncol 1996; 23(1, Suppl 2):89-97.

Books and Other Monographs

a. Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
b. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.
c. Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Rave

Electronic Sources as reference

Journal article on the Internet
Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. Am J Nurs [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: h
Monograph on the Internet
Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: http://www.nap.ed
Homepage/Web site
Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: http://www.cancer-pai
Part of a homepage/Web site
American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 sc

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- Source of funding mentioned
- Conflicts of interest disclosed
- Ethics committee approval number and Trial Registry ID and dates.

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