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Eurasian Journal of Emergency Medicine

Citation abbreviation: Eurasian J Emerg Med

ISSN 2149-5807 • EISSN 2149-6048

Volume: 20

Issue: 4

www.eajem.com

December

2021







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Printing Date: December 2021 ISSN: 2149-5807 E-ISSN: 2149-6048 International scientific journal published quarterly.



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The journal aims to publish scientifically high quality articles which can contribute to the literature and written in the emergency medicine field and other related fields. Review articles, case reports, editorial comments, letters to the editor, scientific letters, education articles, original images and articles on history and publication ethics which can contribute to readers and medical education are also published.

The journal's target audience includes Emergency Medicine experts, School members who conduct scientific studies and work in the Emergency Medicine field, researchers, experts, assistants, practicing physicians and other health sector professionals.

Editorial and publication processes of the journal are shaped in accordance with the guidelines of the international organizations such as the International Council of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), the European Association of Science Editors (EASE). The journal is in conformity with Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

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Editorial and publication processes of the journal are shaped in accordance with the guidelines of the international organizations such as the International Council of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), the European Association of Science Editors (EASE). The journal is in conformity with Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

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**Review Articles:** Reviews which are prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into high volume of publication and higher citation potential are taken under review. The authors may be invited by the journal. Reviews should be describing, discussing and evaluating the current level of knowledge or topic used in the clinical practice and should guide future studies. Please check Table 1 for limitations for Review Articles.

Case Reports: There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in the diagnosis and treatment, those offering new therapies or revealing knowledge not included in the books, and interesting and educative case reports are accepted for publication. The text should include Introduction, Case Presentation, Discussion, Conclusion subheadings. Please check Table 1 for limitations for Case Reports.

**Letters to the Editor:** This type of manuscripts can discuss important parts, overlooked aspects or lacking parts of a previously published article. Articles on the subjects within the scope of the journal that might attract the readers' attention, particularly educative cases can also be submitted in the form of "Letter to the Editor". Readers can also present their comments on the published manuscripts in the form of "Letter to the Editor". Abstract, Keywords, Tables, Figures, Images and other media are not included. The text should be unstructured. The manuscript that is being commented on must be properly cited within the manuscript.

**Scientific letter:** Manuscripts with prior notification characteristics, announcing new, clinically important scientific developments or information are accepted as Scientific Letters. Scientific Letters should not include sub-headings and should not exceed 900 words. Number of references should be limited to 10 and number of tables and figures should be limited to 2.

Clinical Imaging / Visual Diagnosis: Images must be typical for diagnosis, and should facilitate rapid diagnosis for emergency medicine and / or should be educational. Except for the header and references, it must consist of maximum 400 words. A maximum of three authors name, six images and five refecences should be included.

**History:** This type of manuscript explains events related to emergency and general medicine and presents information on the history of diagnosis and treatment of diseases. Historical findings should be a result of relevant research studies. Manuscript should not include sub-headings, should not exceed 900 words and total number of references should be limited to 10.

**Publication ethics:** This type of manuscript includes current information on research and publication ethics and presents cases of ethics infringement. Main text should not exceed 900 words and total number or references should be limited to 10.

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Tables should be included in the main document, presented after the reference list and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide an easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

Table 1. Limitations for each manuscript type.					
Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	5000 (Structured)	200	50	6	7 or total of 15 images
Review Article	5000	200	50	6	10 or total of 20 images
Case Report	1500	200	10	No tables	10 or total of 20 images
Letter to the Editor	500	N/A	5	No tables	No media
Scientific letter	900	N/A	10	No tables	2 or total of 4 images
Clinical Imaging/ Visual Diagnosis	400	N/A	5	No tables	3 or total of 6 images
History	900	N/A	10	No tables	3 or total of 6 images
Publication ethics	900	N/A	10	No tables	No media

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Figures, graphics and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labelled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks and similar marks can be used on the images to support figure legends. Like the rest of



the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300DPI. To prevent delays in the evaluation process all submitted figures should be clear in resolution and large in size (minimum dimensions 100x100 mm). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and the main text. The abbreviation should be provided in parenthesis following the definition.

When a drug, product, hardware, or software mentioned within the main text product information, including the name of the product, producer of the product, city of the company and the country of the company should be provided in parenthesis in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)"

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**Book Section:** Sherry S. Detection of thrombi. In: Strauss HE, Pitt B, James AE, editors. Cardiovascular Medicine. St Louis: Mosby; 1974.p.273-85.

**Books with Single Author:** Cohn PF. Silent myocardial ischemia and infarction. 3rd ed. New York: Marcel Dekker: 1993.

**Editor(s)** as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

**Conference Proceedings:** Bengisson S. Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of

the 7th World Congress on Medical Informatics; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992.p.1561-5.

Scientific or Technical Report: Smith P. Golladay K. Payment for durable medical equipment billed during skilled nursing facility stays. Final report. Dallas (TX) Dept. of Health and Human Services (US). Office of Evaluation and Inspections: 1994 Oct. Report No: HHSIGOE 169200860.

**Thesis:** Kaplan SI. Post-hospital home health care: the elderly access and utilization (dissertation). St. Louis (MO): Washington Univ. 1995.

Manuscripts accepted for publication, not published yet: Leshner AI. Molecular mechanisms of cocaine addiction. N Engl J Med In press 1997.

**Epub ahead of print Articles:** Sarıtaş A, Güneş H, Kandiş H, Çıkman M, Çandar M, Korkut S, et al. A Retrospective Analysis of Patients Admitted to our Clinic with Aortic Dissection. Eurasian J Emerg Med 2011 Dec 10. doi:10.5152/jaem.2011.035. [Epub ahead of print]

Manuscripts published in electronic format: Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis (serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL:http://www.cdc.gov/ncidodlElD/cid.htm.

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