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Sage Journals

Journal of the Intensive Care Society

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Submission guidelines



Submit manuscript

Please read the guidelines in full before submitting your manuscript. Manuscripts not conforming to these guidelines may be returned.

Submit Manuscript 

Manuscript Submission Guidelines: Journal of the Intensive Care Society


This Journal is a member of the [Committee on Publication Ethics](#).

Please read the guidelines below then visit the Journal's submission site *Journal of the Intensive Care Society* to upload your manuscript. Please note that manuscripts not conforming to these guidelines may be returned.

See [here](#) for guidelines on statistical standards for JICS.

Only manuscripts of sufficient quality that meet the aims and scope of *Journal of the Intensive Care Society* will be reviewed.

There are no fees payable to submit or publish in this Journal. Open Access options are available - see section 3.3 below.

The *Journal of the Intensive Care Society* (JICS) is a peer-reviewed journal published four times a year in February, May, August and November. The journal publishes original papers, review articles, critically appraised topics and audits of interest to all those involved in caring for critically ill patients. The editorial board recognises the multidisciplinary nature of critical  and encourages submissions from all specialities involved in research, clinical practice management.

JICS is the official journal of the UK Intensive Care Society (ICS). The (ICS) was founded in 1970 as the first national society for intensivists, bringing together all clinicians involved in intensive care. The primary aims of the ICS are to foster education and research, to develop clinical standards, to enhance patient safety and to encourage professional development.

As part of the submission process you will be required to warrant that you are submitting your original work, that you have the rights in the work, that you are submitting the work for first publication in the Journal and that it is not being considered for publication elsewhere and has not already been published elsewhere, and that you have obtained and can supply all necessary permissions for the reproduction of any copyright works not owned by you.

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1. What do we publish?

1.1 Aims & Scope

Before submitting your manuscript to *Journal of the Intensive Care Society*, please ensure you have read the [Aims & Scope](#).

1.2 Article Types

The Journal considers the following kinds of article for publication:

- **Original articles:** This is for reporting the results of original scientific or clinical research. Systematic and scoping reviews can also be submitted to this section but must follow the relevant guidance (i.e. PRISMA) and have a published or registered protocol. We encourage submission of articles that describe novel and / or important findings, relevant to our multi-disciplinary intensive care medicine readership. Please note that we suggest to use the Brief Communications section (see below) for small, single-centre studies, simple retrospective data analyses, audits and quality improvement initiatives.

The main body of the article should be divided into: introduction, methods, results, and discussion.

Word count – up to 4000

References – up to 50

Abstract – Structured (background, methods, results, and conclusion) and no longer than 250 words.

- **Narrative review articles:** This is for articles undertaking an evidenced-based narrative review of the literature relating to a specific topic relevant to intensive care medicine.

Word count – up to 4000

References – up to 70

Abstract – up to 250 words



- **Special articles:** This section includes a broad range of articles that do not naturally fit into other categories. You may wish to discuss a potential article with the Editor in Chief prior to submission.

Word count – up to 4000

References – up to 50

Abstract – up to 250 words

- **Editorials:** These should be discussed with the Editor in Chief prior to submission.

Word count – up to 2000

References – up to 20

Abstract – not required

- **Study protocols:** These should describe the plan for a funded study that has not yet completed recruitment. We do not accept protocols for systematic or scoping reviews.

Word count – up to 3000

References – up to 30

Abstract –Structured (background, methods, results, and conclusion) and no more than 250 words

- **Guidelines:** These will be national guidelines generated through a rigorous and transparent process. All potential articles must be discussed with the Editor in Chief prior to submission. Depending on the length and nature of the guidelines the editorial board will determine how the article will be published. Our standard model is that a one page executive summary will be published in the print version of the journal with the full article being published online. Other models of publication can be discussed with the Editor in Chief.

- **Case based discussion:** The purpose of this section is to present an exam-style discussion of a fictitious case for the purpose of education. This section is not for case reports of actual patients, the journal does not accept case reports and if submitted they will be immediately rejected without review. The main article should follow the same structure i.e. background, presentation of case, discussion, then a conclusion; with the discussion forming the major component of the article. A maximum of four authors are acceptable. Please contact the Editor in Chief directly if you are unsure about the structure required for this section of the journal or wish to discuss a potential article.

Word count – up to 2500

References – up to 20

Abstract –Structured (background, methods, results, and conclusion) and no more than 250 words

- **Brief communications:** These are short reports of scientific or clinical data structured as original research (introduction/methods/results/discussion). We suggest to use this section for small, single-centre studies, simple retrospective data analyses, audits and quality improvement initiatives.

Word count – up to 750

Figures – up to 1

Tables – up to 1

References – up to 10

Abstract – up to 100 words (unstructured)

- **Correspondence:** A letter in response to a publication or raising an issue of interest. Letters do not require an abstract and are only published online.

Word count – up to 500

References – up to 5

Abstract – not required

- **Book Reviews:** This is for providing reviews of any recently published book related to Intensive Care Medicine. Both hard copy or e-print books will be considered. Reviews should provide a clear and concise description of the book, state its contribution the field and consider both the strengths and weakness of the text. The review should also consider how the book meets its stated objectives and draws on relevant source material.

Word Count - up to 500 words

References - Please ensure that the book details are added to the main document.

Image Format for all Article Types: TIFF, JPEG: Common format for pictures (containing no text or graphs).

EPS: Preferred format for graphs and line art (retains quality when enlarging/zooming in).

We do not currently accept case reports for publication in the Journal of the Intensive Care Society.

1.3 Writing your paper

The Sage Author Gateway has some general advice and on [how to get published](#), plus links to further resources. [Sage Author Services](#) also offers authors a variety of ways to improve and enhance their article including English language editing, plagiarism detection, and video abstract and infographic preparation.

1.3.1 Make your article discoverable

When writing up your paper, think about how you can make it discoverable. The title, keywords and abstract are key to ensuring readers find your article through search engines such as Google. For information and guidance on how best to title your article, write your abstract and select your keywords, have a look at this page on the Gateway: [How to Help Readers Find Your Article Online](#).

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2. Editorial policies

2.1 Peer review policy

This journal's policy is to have manuscripts reviewed by two independent expert reviewers. The Journal of the Intensive Care Society utilizes a single-anonymize peer review process in which the reviewer's name and information is withheld from the author. Manuscripts are reviewed as rapidly as possible, while maintaining rigor. Reviewers make comments to the author and provide recommendations to the Associate Editor who submits a recommended decision to the Editor-in-Chief, who then makes the final decision.

Editorials and study protocols are not sent for external review but are instead reviewed by the Editor-in-Chief. All other article types are peer reviewed as outlined above.

Sage does not permit the use of author-suggested (recommended) reviewers at any stage of the submission process, be that through the web-based submission system or other communication. Reviewers should be experts in their fields and should be able to provide an objective assessment of the manuscript. Our policy is that reviewers should not be assigned to a paper if:

- The reviewer is based at the same institution as any of the co-authors

- The reviewer is based at the funding body of the paper
- The author has recommended the reviewer
- The reviewer has provided a personal (e.g. Gmail/Yahoo/Hotmail) email account and an institutional email account cannot be found after performing a basic Google search (name, department and institution).

2.2 Authorship

Papers should only be submitted for consideration once consent is given by all contributing authors. Those submitting papers should carefully check that all those whose work contributed to the paper are acknowledged as contributing authors.

The list of authors should include all those who can legitimately claim authorship. This is all those who:

1. Made a substantial contribution to the concept or design of the work; or acquisition, analysis or interpretation of data,
2. Drafted the article or revised it critically for important intellectual content,
3. Approved the version to be published,
4. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

Authors should meet the conditions of all of the points above. When a large, multicentre group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship.

Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship, although all contributors who do not meet the criteria for authorship should be listed in the Acknowledgments section. Please refer to the [International Committee of Medical Journal Editors \(ICMJE\) authorship guidelines](#) for more information on authorship.

Please note that AI chatbots, for example ChatGPT, should not be listed as authors. For more [information see the policy on Use of ChatGPT and generative AI tools](#).

2.3 Acknowledgements

All contributors who do not meet the criteria for authorship should be listed in an Acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, or a department chair who provided only general support.

Any acknowledgements should appear first at the end of your article prior to your Declaration of Conflicting Interests (if applicable), any notes and your References.

2.3.1 Third party submissions

Where an individual who is not listed as an author submits a manuscript on behalf of the author(s), a statement must be included in the Acknowledgements section of the manuscript and in the accompanying cover letter. The statements must:

- Disclose this type of editorial assistance – including the individual's name, company and level of input
- Identify any entities that paid for this assistance
- Confirm that the listed authors have authorized the submission of their manuscript via third party and approved any statements or declarations, e.g. conflicting interests, funding, etc.

Where appropriate, Sage reserves the right to deny consideration to manuscripts submitted by a third party rather than by the authors themselves.

2.4 Funding

Journal of the Intensive Care Society requires all authors to acknowledge their funding in a consistent fashion under a separate heading. Please visit the [Funding Acknowledgements](#) page on the Sage Journal Author Gateway to confirm the format of the acknowledgment text in the event of funding, or state that: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

2.5 Declaration of conflicting interests

It is the policy of *Journal of the Intensive Care Society* to require a declaration of conflicting interests from all authors enabling a statement to be carried within the paginated pages of all published articles.

Please ensure that a 'Declaration of Conflicting Interests' statement is included at the end of your manuscript, after any acknowledgements and prior to the references. If no conflict exists, please state that 'The Author(s) declare(s) that there is no conflict of interest'. For guidance on conflict of interest statements, please see the ICMJE recommendations [here](#).

If no declaration is made the following will be printed under this heading in your article: 'None Declared'. Alternatively, you may wish to state that 'The Author(s) declare(s) that there is no conflict of interest'.

When making a declaration the disclosure information must be specific and include any financial relationship that all authors of the article has with any sponsoring organization and the for-profit interests the organization represents, and with any for-profit product discussed or implied in the text of the article.

Any commercial or financial involvements that might represent an appearance of a conflict of interest need to be additionally disclosed in the covering letter accompanying your article to assist the Editor in evaluating whether sufficient disclosure has been made within the Declaration of Conflicting Interests provided in the article.

For more information please visit the [Sage Journal Author Gateway](#).

2.6 Research ethics and patient consent

Medical research involving human subjects must be conducted according to the [World Medical Association Declaration of Helsinki](#).

Submitted manuscripts should conform to the [ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), and all papers reporting animal and/or human studies must state in the methods section that the relevant Ethics Committee or Institutional Review Board provided (or waived) approval. Please ensure that you have provided the full name and institution of the review committee, in addition to the approval number.

For research articles, authors are also required to state in the methods section whether participants provided informed consent and whether the consent was written or verbal.

Information on informed consent to report individual cases or case series should be included in the manuscript text. A statement is required regarding whether written informed consent for patient information and images to be published was provided by the patient(s) or a legally authorized representative.

Please also refer to the [ICMJE Recommendations for the Protection of Research Participants](#).

In the UK, Caldicott Guardian approval must be granted before the publication of manuscripts containing patient data but not requiring Ethics Committee consent. Details of approvals granted should be provided in the main body of the text (usually in the Methods section). An algorithm that explains how to determine whether a project requires ethical approval can be accessed at the following link:

<http://www.nres.nhs.uk/news-and-publications/news/nres-sops-version-5/>.

The *JICS* patient consent form can be downloaded [here](#).

2.7 Reporting guidelines

The relevant [EQUATOR Network](#) reporting guidelines should be followed depending on the type of study. For example, all randomized controlled trials submitted for publication should include a completed [CONSORT flow chart](#) as a cited figure and the completed [CONSORT checklist](#) should be uploaded with your submission as a supplementary file. Systematic reviews and meta-analyses should include the completed [PRISMA](#) flow chart as a cited figure and the completed PRISMA checklist should be uploaded with your submission as a supplementary file. The [EQUATOR wizard](#) can help you identify the appropriate guideline.

Other resources can be found at [NLM's Research Reporting Guidelines and Initiatives](#).

2.7.1 Relationship with the Intensive Care Society

The responsibility of the editors is to provide a journal that will inform, educate and allow proliferation of ideas by engaging in debate within the intensive care community. This will be provided to the readership in an accurate and discerning fashion that will protect and enhance the integrity of the specialty. Currently JICS is funded by the Intensive Care Society. The editors have full authority over the contents of JICS, i.e. 'editorial independence;' editorial decisions are made purely on the validity and utility of submitted work. There is at this time no financial involvement between the editors and JICS or the Intensive Care Society beyond provision of reasonable expenses.

2.7.2 Responding to Allegations of Misconduct

JICS has a responsibility to share reasonable concerns with the relevant authorities, such as the employer, University or Granting authority. It is not the role of JICS to conduct formal enquiries or to reach conclusions regarding potential misconduct. That is the role of the authorities mentioned above.

The areas that should be considered are:

- - Falsification of data
 - Plagiarism
 - Improprieties of authorship
 - Misappropriation of ideas
 - Violation of accepted research practices
 - Failure to comply with regulatory requirements affecting research.

All allegations of misconduct will be referred to the editors who will review the circumstances. Initial fact-finding will include a request to all the involved parties to state their case, and explain the circumstances, in writing. In questions of research misconduct

centering on methods or technical issues, the editors may confidentially consult experts who are anonymized to the identity of the individuals, or if the allegation is against an editor, an outside expert. The editors will arrive at a conclusion as to whether there is enough evidence to lead a reasonable person to believe there is a possibility of misconduct. Their goal is not to determine if actual misconduct occurred, or the precise details.

When allegations concern authors, the peer review and publication process for the manuscript in question will be halted while the process above is carried out. The investigation described above will be completed even if the authors withdraw their paper, and the responses below will still be considered. In the case of allegations against reviewers or the editors, they will be replaced in the review process while the matter is investigated. All such allegations should be kept confidential; the number of inquiries and those involved should be kept to the minimum necessary to achieve this end. Whenever possible, references to the case in writing should be kept anonymous. In the event of misconduct the following options in order of severity are available:

- - A letter of explanation to the person against whom the complaint is made
 - A letter of reprimand
 - A formal letter, including a request to the supervising authority to investigate
 - Publication of a notice of duplicate publication or plagiarism if warranted
 - Formal withdrawal or retraction of the paper from the scientific literature. This will be published in JICS and communicated to the indexing authorities. It does not require the consent of the authors and will be reported to the institution where the author(s) work. This conforms to the International Committee of Journal Editors guidance. See <http://www.icmje.org>.

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3. Publishing Policies

3.1 Publication ethics

Sage is committed to upholding the integrity of the academic record. We encourage authors to refer to the Committee on Publication Ethics' [International Standards for Authors](#) and view the Publication Ethics page on the [Sage Author Gateway](#).

3.1.1 Plagiarism

Journal of the Intensive Care Society and Sage take issues of copyright infringement, plagiarism or other breaches of best practice in publication very seriously. We seek to protect the rights of our authors and we always investigate claims of plagiarism or misuse of published articles. Equally, we seek to protect the reputation of the journal

against malpractice. Submitted articles may be checked with duplication-checking software. Where an article, for example, is found to have plagiarised other work or included third-party copyright material without permission or with insufficient acknowledgement, or where the authorship of the article is contested, we reserve the right to take action including, but not limited to: publishing an erratum or corrigendum (correction); retracting the article; taking up the matter with the head of department or dean of the author's institution and/or relevant academic bodies or societies; or taking appropriate legal action.

3.1.2 Prior publication

If material has been previously published it is not generally acceptable for publication in a Sage journal. However, there are certain circumstances where previously published material can be considered for publication. Please refer to the guidance on the [Sage Author Gateway](#) or if in doubt, contact the Editor at the address given below.

3.2 Contributor's publishing agreement

Before publication, Sage requires the author as the rights holder to sign a Journal Contributor's Publishing Agreement. Sage's Journal Contributor's Publishing Agreement is an exclusive licence agreement which means that the author retains copyright in the work but grants Sage the sole and exclusive right and licence to publish for the full legal term of copyright. Exceptions may exist where an assignment of copyright is required or preferred by a proprietor other than Sage. In this case copyright in the work will be assigned from the author to the society. For more information please visit the [Sage Author Gateway](#).

3.3 Open access and author archiving

The Journal of the Intensive Care Society offers optional open access publishing via the Sage Choice programme and Open Access agreements, where authors can publish open access either discounted or free of charge depending on the agreement with Sage. Find out if your institution is participating by [visiting Open Access Agreements at Sage](#). For more information on Open Access publishing options at Sage please [visit Sage Open Access](#). For information on funding body compliance, and depositing your article in repositories, please [visit Sage's Author Archiving and Re-Use Guidelines](#) and [Publishing Policies](#).

4. Preparing your manuscript for submission

4.1 Formatting

The preferred format for your manuscript is Word. LaTeX files are also accepted. Word and (La)TeX templates are available on the [Manuscript Submission Guidelines](#) page of our Author Gateway.

4.2 Artwork, figures and other graphics

For guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit Sage's [Manuscript Submission Guidelines](#).

Figures supplied in colour will appear in colour online regardless of whether or not these illustrations are reproduced in colour in the printed version. For specifically requested colour reproduction in print, you will receive information regarding the costs from Sage after receipt of your accepted article.

4.3 Supplementary material

This journal is able to host additional materials online (e.g. datasets, podcasts, videos, images etc) alongside the full-text of the article. For more information please refer to our [guidelines on submitting supplementary files](#).

4.4 Reference style

Journal of the Intensive Care Society adheres to the Sage Vancouver reference style. View the [Sage Vancouver](#) guidelines to ensure your manuscript conforms to this reference style.

If you use [EndNote](#) to manage references, you can download the [Sage Vancouver EndNote output file](#).

References should be relevant and useful. There is no merit in large numbers of unhelpful references. All material from other papers must be referenced. The list of references is placed at the conclusion of the paper, starting on a new sheet. It should be set out as follows:

- ○ References must be numbered consecutively in the order in which they are first mentioned in the text. They should be superscripted in the text.
- ○ Text references to 'unpublished observations' or 'personal communications' should not be included in the final list of references. Personal communications should be cited in the text as (Brown AB, personal communication, year). Authors are responsible for verifying that the wording of references to unpublished work is approved by the persons concerned. This should be provided in writing with the first submission of the manuscript.

- ◦ Journals
List names and initials of up to four authors (if more than four, list three followed by et al.), title of paper, abbreviated title of journal as it appears in Medline (in italics) year of publication, volume number, page numbers, formatted as shown in the example: Smith PR, Jones A, Clarke EW et al. How to write an article. *Br J Anaesth* 2008;654:321-26.
- ◦ Electronic references
List author if known, or institution, title of article, title of journal or book if applicable (in italics), year of publication, volume, page numbers, available at: URL or doi, date accessed: Arrami M, Garner H. A tale of two citations. *Nature (Online)* 2008;451(7177):397-99. Available from:
<http://www.nature.com/nature/journal/v451/n7177/full/451397a.html> Accessed 20th January 2008.
- ◦ Monographs
List name of author and initials, title of book (in italics), number of edition, place of publication, publisher, year of publication: Tallis R. *Hippocratic Oaths: Medicine and its Discontents*. London: Atlantic Books; 2005.
- ◦ Chapter in a book
List chapter author, title of chapter, In: editor's name (ed), title of book (in italics), edition, place of publication, publisher, year, pages: Hull CJ. Opioid infusions for the management of post-operative pain. In: Smith G, Covino BG, (eds). *Acute Pain*. London: Butterworths; 2005. p.155-79.

4.5 English language editing services


Authors seeking assistance with English language editing, translation, or figure and manuscript formatting to fit the journal's specifications should consider using Sage Language Services. Visit [Sage Language Services](#) on our Journal Author Gateway for further information.

4.6 Accessibility Guidelines

Authors should familiarize themselves with [Sage's Accessibility Guidelines](#) to ensure their manuscripts meet recognized accessibility standards.

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5. Submitting your manuscript

 *Journal of the Intensive Care Society* is hosted on Sage Track, a web based online submission and peer review system powered by ScholarOne™ Manuscripts. Visit

<http://mc.manuscriptcentral.com/inc> to login and submit your article online.

IMPORTANT: Please check whether you already have an account in the system before trying to create a new one. If you have reviewed or authored for the journal in the past year it is likely that you will have had an account created. For further guidance on submitting your manuscript online please visit ScholarOne Online Help.

Papers must be submitted via the online system. If you would like to discuss your paper prior to submission, please refer to the contact details below.

Each manuscript should contain:

(i) title page with full title and subtitle (if any). The title page should contain the following:

- Address of the corresponding author in the top left hand corner with contact details including email
- The title of the paper
- All authors listed with their affiliated institutions (with first names included)
- If different, the institution where the work was performed should be listed.
- Any disclaimers or statement of conflict of interest
- Any financial support received should be acknowledged
- Five key words for indexing on the website which should be MeSH terms.

(ii) structured (where appropriate) abstract of up to 150 words

(iii) up to 10 key words

(iv) main text and word count suggested target is about 8000 words. Text to be clearly organized, with a clear hierarchy of headings and subheadings and quotations exceeding 40 words displayed, indented, in the text. Texts of a length greatly exceeding this will be considered as interest warrants and space permits.

(v) end notes, if necessary, should be signalled by superscript numbers in the main text and listed at the end of the text before the references

5.1 ORCID

As part of our commitment to ensuring an ethical, transparent and fair peer review process Sage is a supporting member of [ORCID, the Open Researcher and Contributor ID](#). ORCID provides a unique and persistent digital identifier that distinguishes researchers from every other researcher, even those who share the same name, and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between researchers and their professional activities, ensuring that their work is recognized.

The collection of ORCID iDs from corresponding authors is now part of the submission process of this journal. If you already have an ORCID iD you will be asked to associate that to your submission during the online submission process. We also strongly encourage all co-authors to link their ORCID ID to their accounts in our online peer review platforms. It takes seconds to do: click the link when prompted, sign into your ORCID account and our systems are automatically updated. Your ORCID iD will become part of your accepted publication's metadata, making your work attributable to you and only you. Your ORCID iD is published with your article so that fellow researchers reading your work can link to your ORCID profile and from there link to your other publications.

If you do not already have an ORCID iD please follow this [link](#) to create one or visit our [ORCID homepage](#) to learn more.

5.2 Information required for completing your submission

You will be asked to provide contact details and academic affiliations for all co-authors via the submission system and identify who is to be the corresponding author. These details must match what appears on your manuscript. At this stage please ensure you have included all the required statements and declarations and uploaded any additional supplementary files (including reporting guidelines where relevant).

5.3 Permissions

Please also ensure that you have obtained any necessary permission from copyright holders for reproducing any illustrations, tables, figures or lengthy quotations previously published elsewhere. For further information including guidance on fair dealing for criticism and review, please see the Copyright and Permissions page on the [Sage Author Gateway](#).

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6. On acceptance and publication

6.1 Sage Production

Your Sage Production Editor will keep you informed as to your article's progress throughout the production process. Proofs will be sent by PDF to the corresponding author and should be returned promptly. Authors are reminded to check their proofs carefully to confirm that all author information, including names, affiliations, sequence and contact details are correct, and that Funding and Conflict of Interest statements, if any, are accurate.

6.2 Online First publication

Online First allows final articles (completed and approved articles awaiting assignment to a future issue) to be published online prior to their inclusion in a journal issue, which significantly reduces the lead time between submission and publication. Visit the [Sage Journals help page](#) for more details, including how to cite Online First articles.

6.3 Access to your published article

Sage provides authors with online access to their final article.

6.4 Promoting your article

Publication is not the end of the process! You can help disseminate your paper and ensure it is as widely read and cited as possible. The Sage Author Gateway has numerous resources to help you promote your work. Visit the [Promote Your Article](#) page on the Gateway for tips and advice.

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7. Further information

Any correspondence, queries or additional requests for information on the manuscript submission process should be sent to the *Journal of the Intensive Care Society* editorial office as follows:

The Journal of the Intensive Care Society

The Intensive Care Society

Churchill House,

35 Red Lion Square,

London, WC1R 4SG

John Jones: JohnJones@ics.ac.uk

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