

SchoolNurseNews

GUIDELINES FOR SUBMITTING YOUR FEATURE ARTICLE MANUSCRIPT

The following is a list of requirements that *must* be followed when submitting an article for publication in School Nurse News.

- Format your manuscript for a PC and using Microsoft Word, but we can convert most standard programs. Please submit your manuscript to: michael@schoolnursenews.org Be sure to call (973-644-4003) and let us know that you are sending an email. You may also submit a hard copy of the manuscript, along with a CD to Michael Franklin at the address below.
- If you use a CD or DVD, format or reformat your CD or DVD to assure that the manuscript and associated charts, tables, figures, and photos will be the only files on the diskette.
- Label the CD or DVD indicating the type of computer (IBM or Macintosh), the program name and version, the file name(s), and the primary author's name and address.
- When saving your document, use key words or a portion of the title of the manuscript as the title of the document. Title charts, figures, graphs, etc. similarly — 'document name – Table 1'.
- The main or manuscript file should be complete with title page, manuscript text, references and information "about the author(s)." Again, this should all be in one file.
- The title page. This page should have the title of the manuscript, the name of the corresponding author listed first, including home and work address (no post office box numbers) and telephone numbers, plus fax number and email address, if available. Names, addresses and telephone numbers of other participating authors may then be listed.
- Margins for the entire document must be set at 1" — left, right, top and bottom
- Font Style – Times (preferred)
- Font or Character Size – 12 point
- Set entire document for full justification — this will automatically "wrap" the text to the next line down as you type and will make the paragraph appear to have equal left and right margins without a jagged right edge. *DO NOT* hard return (hit the enter key) after each line — in other words, don't use your computer like a typewriter.
- Set line spacing at 1-1/2. Double hard return (hit the enter key twice) between paragraphs. *DO NOT* indent paragraphs.
- Your main manuscript should be no longer than 8 pages (or 6,000 words). This does not include tables, artwork, etc.
- Number pages using a footer — page number

should be at the bottom center of each page.

- Text — Straight block style text only. **Please, do not try to provide us with the “finished product.” Unfortunately, your good intentions and hard work will result in Franklin Communications returning the manuscript to you for reformatting and resubmittal.**
- When indentation of any type is necessary, set tabs or use the default tabs rather than using your space bar.
- When it is necessary to use “special formatting” such as bullets, numbers or letters, please use proper format keys from the software menu or, if not available in your software program, please set tabs rather than using the space bar to separate the number or letter from its associated text.
- Tables, figures, graphs, etc. should be saved as separate documents from the main manuscript. Indicate the area within the manuscript where the table, figure, etc. is to be inserted by typing (INSERT TABLE 1 HERE). Please be sure that the file name and the name of the item you are

noting to be inserted are the same, i.e., file on CD named XYZ Table — on manuscript, (INSERT XYZ TABLE HERE).

- As the author(s) it is your responsibility to obtain all reprint permissions; whether it be for a table, chart, graph, photo, etc.

DO NOT use headers and footers (except for page numbers)

DO NOT use bold face type (except to indicate the insertion of a table, figure, graph, etc., as noted above or to indicate a subheading)

DO NOT use all upper case letters unless the letters are an abbreviation for an association, organization, agency or medical, nursing or education term or you are indicating the insertion area for a table or figure (as noted above)

DO NOT use symbols (unless ©, ®, ™, etc.)

DO NOT use underlining

DO NOT use italics (except for publications listed in the References or a secondary subhead)

Provided below are bits and pieces of an actual manuscript that has been properly formatted for submittal. Your manuscript should look very similar to this.

Preventing and Managing Childhood Emergencies in Schools

By Ken Allen, BS, and Jan Ball, RN, DrPH, PNP

Abstract

The Emergency Medical Services for Children (EMSC) program, initially funded in 1984, is jointly administered by the Health Resources and Services Administration and the National Highway Traffic Administration. The program is designed to reduce child and youth mortality and morbidity resulting from severe illness or trauma.

The Emergency Medical Services for Children Program

Emergency medical services are vital elements of the American health care system. Thirty years ago, the Highway Safety Act of 1966 established the Emergency Medical Services (EMS) program in the U.S. Department of Transportation (National Highway Traffic Safety Administration, 1996.) Since 1966, a comprehensive EMSC system has developed in all states and includes the following:

- standards for education and licensure of emergency medical technicians (EMTs) and paramedics,
- communication systems for dispatching emergency teams and notifying emergency departments,
- emergency care protocols,
- designated trauma centers, and
- specially trained emergency nurses and physicians.

Every day, EMSC teams respond to critically ill and injured individuals with sophisticated equipment and training. Unfortunately, this equipment and training has not always met the medical needs of children.

(INSERT TABLE 1 HERE)

Preventing Injury and Illness in Schools

Injuries are rarely caused by random, uncontrollable events. Rather, they are preventable predictable incidents with identifiable risk factors. A review of the National Pediatric Trauma Registry (NPTR) data, 1988 to 1993, by the Children's Safety Network (1996) revealed the following facts about school injuries:

1. Males were injured at school more than twice as often as females (71% vs. 29%).
2. Eighteen percent of those injured in school had a preexisting medical condition (e.g., physical or mental disability or chronic illness).
3. Forty-one percent of the injuries happened in recreational areas rather than in the school building or other premises.

Summary

School nurses play a vital role in the prevention and treatment of injury and illness for all children. Many opportunities exist for school nurses to take a leadership role in helping ensure that children receive safe and effective treatment in a timely manner. School nurses can also collaborate with local EMSC providers and others in the community who are conducting injury prevention and first aid programs.

References

American Academy of Pediatrics (1993). *Children, our future*. Elk Grove, IL: Author

Children's Safety Network (1996). *Injuries in the school environment: A resource packet*. Newton, MA: Education Development Center, Inc.

Newacheck, P.W. & Taylor, W.R. (1992). Childhood chronic illnesses: Prevalence, severity, and impact. *American Journal of Public Health*, 82(3), 364-371.

About the Author(s)

Ken Allen, BS, is the Injury Prevention Specialist, EMSC, Children's National Medical Center, Washington, D.C.

Jan Ball, RN, DrPH, PNP, is Project Director for the Emergency Medical Services for Children's National Resource Center, Children's National Medical Center, Washington, D.C.