Journal of
Nurse Anesthesiology
& Perioperative Practice

**General Guidelines for Case Reports & Case Series**

Guidelines are based on CARE Case Report Guidelines. Excellent guidance on how to write a case report, is also provided.

**Novelty and Educational Value:**

Submissions must clearly demonstrate at least one of the following:

- A rare or unusual clinical condition
- A novel diagnostic or therapeutic approach
- An unexpected complication or outcome
- A high-yield educational or clinical decision-making scenario

**Ethical Considerations:**

- **Informed consent is mandatory** and must be explicitly stated in the manuscript
- Patient anonymity must be strictly preserved
- Institutional Review Board (IRB) approval should be stated if required by the author's institution

**Clinical Accuracy and Transparency:**

- Provide sufficient clinical detail to allow replication of reasoning and decision-making
- Avoid speculation not supported by clinical data or literature

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**General Guidelines for Manuscript Development**

***I. Title, Keywords, and Abstract***

**Title:**

- Must clearly identify the manuscript as a *case report*
- Should include the key clinical condition or phenomenon

**Keywords:**

Provide 3 to 5 key words that identify diagnoses, interventions, and provider specialty discussed in the case report.

**Abstract:**

Provide a structured summary including:

- Background
- Case presentation
- Intervention(s) (if applicable)
- Outcome(s)
- Conclusion and clinical relevance

***II. Introduction***

**Rationale:**

- Explain why this case is important
- Clearly state what gap in knowledge or clinical insight it addresses

**Objective:**

- Provide a concise statement of the learning objective or clinical takeaway

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Nurse Anesthesiology
& Perioperative Practice

## *III. Case Presentation* (Core of Manuscript)

**1. Patient Information:**

- Demographics (age, sex, relevant background)
- Chief complaint and presenting symptoms
- Relevant medical, surgical, and social history

**2. Clinical Findings:**

- Key physical examination findings
- Pertinent clinical observations

**3. Timeline:**

- Provide a clear chronological sequence of events (recommended as a table or figure)

**4. Diagnostic Assessment:**

- Laboratory values, imaging, and diagnostic tests
- Differential diagnosis and clinical reasoning
- Challenges or uncertainties encountered

**5. Therapeutic Intervention:**

- Medical, surgical, or anesthetic management
- Doses, techniques, and timing where appropriate
- Briefly comment on the off-label use of medications if applicable

**6. Follow-Up and Outcomes:**

- Clinical course and outcomes
- Complications or unexpected findings
- Long-term follow-up if available

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Nurse Anesthesiology
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***IV. Discussion***

**7. Interpretation and Clinical Reasoning:**

- Explain the significance of the case
- Highlight key decision points and clinical reasoning

**8. Comparison with Existing Literature:**

- Compare the case to previously reported cases or studies
- Clearly state what is new or different

**9. Clinical Implications:**

- Practical lessons for clinicians (especially perioperative or anesthesia relevance, if applicable)
- How this case may influence practice or decision-making

**10. Limitations:**

- Acknowledge limitations (e.g., single patient, incomplete follow-up)

**V. *Conclusions***

- Provide a concise summary of key takeaways
- Focus on **clinical relevance and applicability**
- Avoid overgeneralization

***VI. Additional Elements***

**11. Patient Perspective (Optional but Encouraged):**

- A brief statement from the patient about their experience, as able

**12. Informed Consent**

- The patient should give informed consent, or general informed consent must include a statement about deidentified case reports for educational purposes. Provide to JNAPP as requested

**13. Figures and Tables:**

- Include relevant images (e.g., imaging, waveforms, intraoperative findings)
- Ensure all images are de-identified
- Provide clear legends and annotations

**14. Timeline Figure (Recommended):**

- Visual summary of key clinical events

**VII. *Manuscript Formatting* (AMA Style)**

JNAPP utilizes The AMA Manual of Style

**Citations:**

- Use superscript Arabic numerals (e.g., Clinical findings suggest...[1])

**Reference List:**

- List references in numerical order as they appear

**Tables and Figures:**

- Number sequentially (Table 1, Figure 1)
- Use descriptive titles
- Define all abbreviations in footnotes

**Length**

JNAPP does not impose strict word limits for most manuscript categories. Authors should use the length necessary to adequately address all required reporting elements while maintaining clarity, focus, and readability.

Manuscripts should be sufficiently detailed to provide readers with a complete understanding of the topic, methods, findings, and implications for practice. At the same time, authors should avoid unnecessary repetition, excessive background information, or discussion that does not contribute meaningfully to the manuscript's objectives.

The Editorial Board values concise, high-quality scholarship. Submissions should be comprehensive enough to ensure transparency and reproducibility, yet streamlined enough to maintain reader engagement and emphasize the most important clinical, educational, systems, or policy insights.

**VIII. Key Reporting Checklist Requirement**

Authors **must submit a completed CARE checklist** with their manuscript to ensure adherence to reporting standards. (https://www.care-statement.org/)

**Additional Requirements for CASE SERIES**

*Patient Selection*

- How were patients identified?
- Where these consecutive cases or selected cases?
- Time period of inclusion?

*Cohort Description*

- Provide a table including:
    - Age
    - Sex
    - Relevant comorbidities
    - Procedure
    - Anesthetic technique
    - Key outcomes
    - Other relevant descriptors

*Common Themes*

- Describe:
    - Shared clinical characteristics
    - Recurring management strategies
    - Patterns in outcomes

*Variations Between Cases*

- Discuss:
    - Differences in presentation
    - Differences in management
    - Differences in outcomes

*Limitations*

- Specifically address:
    - Small sample size
    - Selection bias
    - Lack of controls
    - Hypothesis-generating nature of findings

**Final Note to Authors**

High-quality case reports and case series are not simply descriptions—they are **teaching tools**. Submissions should emphasize **clinical reasoning, decision-making, and practical lessons** that advance perioperative and nurse anesthesia practice.

JNAPP will give preference to manuscripts that address:

- Clinical Excellence
    - What improves patient care?
- Education
    - What should clinicians learn or teach?
- Systems
    - How does the manuscript impact workflow, quality, or safety?
- Equity
    - How does this affect access, disparities, workforce, or equitable practice?
- Interprofessional Practice
    - What lessons can be learned across perioperative professions?