So you're writing a JEMS article…

Congratulations on starting this wonderful journey of penning an article for JEMS. The editors, A.J., Ryan & Allie, are here to make this voyage smooth and pain-free. Use this cheat sheet to avoid grandiose post-submission edits. Let us help you help yourself, which will, in turn, help us! *(An example of a perfect article is included at the end.)*

WORD COUNT

Were you assigned a specific word count? If so, it's best to stick to it. Going over the word count means either drastic cuts that could cause you to re-write sections (or waste all that hard work you spent on those eight paragraphs we can't fit) or could mean the elimination of photos. If you weren't assigned a word count, it's best to ask for one.

PHOTOS/ILLUSTRATIONS

If you're also submitting photos with your article (and we want you to!), send them as separate files and do *not* embed them in the word document. We accept .jpg, .png, and .psd formats. In the article document, include a caption for each photo (or at least enough information about what is being shown so that the editors can write a caption) and list who should be credited for each photo. Large files can be uploaded at jems.com/about/photographer-guidelines.

TABLES/GRAPHS

Tables and graphs can be included in the article document using Word's table feature or as a PDF or .jpg. Our designers will recreate these for you, so there's no need to make it pretty. If you don't know how to make a graph, you can write out a description of what you want. If you're using a figure from another publication, let us know.

AUTHOR BIOS

At the end of your piece, include a small bio that begins with your name and credentials. Below is an example:

> Gary Ludwig, MS, EMT-P, is a deputy fire chief with the Memphis (Tenn.) Fire Department. He has over 36 years of fire, EMS and rescue experience. He is also the immediate past chair of the EMS Section for the IAFC. He can be reached at www.garyludwig.com.

ARTICLE DATA

We want you to have as much creative control as you can, and that means offering ideas. When submitting your article, please include suggestions for the following: Magazine headline (1–5 words), magazine subhead (sentence that describes article), online headline (longer, more descriptive than magazine headline), key words, 10-word summary of article and ideas for social media posts. We might change them, but we also might keep them.

REFERENCES—NUMBERING

All clinical articles must have references. Non-clinical articles are not required to have references, but must properly cite sources if included. Format citations according to the style guide included below. If you have questions about citing or numbering references, it's better to email your lead editor and ask rather than guess and hope for the best.

Footnotes: Do not use the footnote function on Word. The formatting doesn't cross over into the program we use to design the magazine. Instead, add the superscript manually (if you don't know how to make a superscript, just add the number and leave it regular-sized). All superscripts should come after the period. Add the reference manually at the end of your article in a consecutively numbered list. The number of the cited reference should match the number of the correlating superscript.

ibid: JEMS doesn't use the ibid abbreviation. If you reuse a reference, simply reuse its number. Do not list the reference more than once in the list at the end of your article. For example, your superscripts may read: 1, 2, 3, 4, 2, 5. Your list of references, however, should only read: 1, 2, 3, 4, 5.

Resources: If you want to include items of information that you didn't directly cite or use, add them to a list under the term "Resources" below your References list. All resources should be listed in alphabetical order and unnumbered.

REFERENCES—FORMATTING

Use this guide to properly format your references and resources.

Journal Articles

>>Do not abbreviate page numbers. Right: 342–348; Wrong: 342-8
>>List all authors up to three. After the third author is listed, use *et al*.
>>Abbreviate journal title according to PubMed.com.

Last name First name initial, Last name First name initial. Article title lower case except first word. *Journal title in italics*. Year;Vol(Issue #):pages.

Chouten EG, Dekker JM. QT interval prolongation predicts cardiovascular mortality in an apparently health population. *Circulation*. 1991;84(2):1516–1523.

Books

Author Last name First name initial, title (if applicable): *Book title in italics*. Publisher name: City, State, pages, year.

Goldstein N, editor: *The Associated Press stylebook and libel manual.* Addison-Wesley: Reading, Mass., pp. 16–18, 1998.

Reference to an article or chapter in an edited book

Chapter/article author last name First name initial, Article or chapter title. In Editor first initial Editor last name (Ed./Eds.), *Book title in italics*. Publisher name: City, State, pages, year.

Doe J: Common grammar issues. In J Smith (Ed.), *Everything you need to know about editing.* Fantastic Publishing: San Diego, pp. 45–68, 2011.

Internet References

Author last name First name initial. (Date published if available; n.d.—no date—if not). Title of article. In *Title of website.* Retrieved date, from URL.

Landsberger J. (n.d.) Citing websites. In *Study Guides and Strategies.* Retrieved May 13, 2005, from www.studygs.net/citation.htm.

Note: If the author name is not available, start the reference with the article title, and move the date published (or n.d.) after the article title. *Example:* Citing websites. (n.d.) In *Study Guides and Strategies.* Retrieved May 13, 2005, from www.studygs.net/citation.htm.

A PERFECTLY FORMATTED ARTICLE

Headline: **Flexed & Perplexed**
Subhead: **A guide to EMS assessment of injuries to the hand & wrist**
By Neal Richmond, MD

Web Headline: Hand Injuries Can Become Complicated Problems
10-word Summary: Learn to treat and assess injuries to the hand and wrist**.**
Keywords: hand injuries, wrist injuries, fracture, sprain, injured extremity, finger injury, sensory, motor movement

Facebook Post: Check out this "handy" guide to treating and assessing hand and wrist injuries.
Tweet: Check out this "handy" guide to treating and assessing hand and wrist injuries.

A bystander calls 9-1-1 for an elderly male who complains of a painful, swollen hand and wrist following a fall. When you arrive on scene the patient appears uncomfortable and mildly intoxicated, and you notice alcohol on his breath. The patient's hand is wrapped in a dripping, blood-soaked handkerchief. When you ask him what happened, the patient states that he tripped when leaving a bar, and used his hand to break the fall. His initial vitals and exam are remarkable only for a pulse rate of 110 and an obvious injury to the wrist and hand. To make things more complicated, the patient refuses to go to the hospital.

First Things First
Although it's tempting to focus on the obvious injury, don't forget your priorities. A potentially unstable cervical spine should take precedence over an extremity injury, and alcohol—a good anesthetic—may mask neck pain or tenderness. You should first determine: Did the patient trip and fall, or did he have a syncopal event? Does he have a history of diabetes or a cardiac dysrhythmia? Did the patient also sustain head trauma and suffer any loss of consciousness? These answers might directly affect your management on the scene and be critical to communicate to medical providers in the emergency department.

Stabilizing the Injury
You're drawn to the obvious, but don't forget safety precautions. Never blindly stick your fingers into clothing, a dressing or a wound that can't be adequately visualized because you may encounter broken glass, bone fragments or needles. As you carefully unwrap this patient's bloody, debris-filled dressing (which includes glass fragments of a broken beer bottle), you notice the back of the wrist appears swollen, tender and ecchymotic, and there's a superficial laceration over the fleshy thenar eminence at the base of the thumb.

Most bleeding will stop with direct pressure, but it may be necessary to use a proximal tourniquet to achieve adequate control. This is especially true for patients who may be intoxicated, because alcohol acts as an anticoagulant. To do this, elevate the affected limb to allow venous drainage and reduce hemorrhage volume, and then apply a tourniquet or a blood pressure cuff at approximately 100 mmHg above the patient's systolic pressure. The cuff can be inflated for several minutes without undue discomfort for as long as one or two hours without causing significant ischemia to the distal extremity. Be sure to remove any rings to avoid increased swelling that could cause significant disruption of blood supply to the fingers.

Putting it All Together
In this case, you discover that the patient fell on an outstretched palm, with his wrist in extension, in an attempt to break his fall. He has a painfully swollen, tender and crepitant wrist and an obvious "dinner fork" deformity. The patient's sensory function appears intact, and aside from pain-limited range of motion, the patient's neurovascular status appears to be intact.

The battery of tests you performed results in the patient agreeing to transport. You splint the injury in a position of comfort prior to transporting him to the ED, where an X-ray confirms a distal forearm fracture of the ulna and of the radius, the most common site of fracture in the upper extremity[2]. The dorsally angulated distal bone fragment, typically referred to as a Colles fracture, is also confirmed.

Parting Thoughts

Management of acute injuries to the wrist and hand begins only after the patient and injured extremity are stabilized, followed by an organized and systematic evaluation drawing from a working knowledge of relevant anatomy and function. This provides the basis for maintaining a high index of suspicion for injury to bones, tendons, ligaments, blood vessels and nerves, and will serve to inform appropriate on-scene management and transport to definitive care.

Neal Richmond, MD, is chief executive officer and medical director for Louisville Metro EMS, a third-service system for the 16th largest city in the U.S. Contact him at neal.richmond@louisvilleky.gov.

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Photo: FingerDislocation.jpg
Caption: Because of the hand's complex bone and muscle structure, injuries are common and can easily become extreme. Photo Edward T. Dickinson

Photo: DinnerForkFracture.jpg
Caption: This type of wrist fracture is known as the "dinner fork deformity," named after the eating utensil of a similar shape. Photo David Politis

Photo: FingerAmputation.jpg
Caption: If fingers have been amputated prior to arrival, the amputated part should be found and cleansed, wrapped in gauze and placed in water-tight container. Photo Edward T. Dickinson