

**INSTRUCTIONS FOR AUTHORS**  
**Journal of Pediatric Pharmacology and Therapeutics**

**MANUSCRIPT PREPARATION**

Prepare papers in accordance with the *American Medical Association Manual of Style*, 11th edition. A summary of these requirements and journal-specific instructions follow and are available on the JPPT website (<http://www.jppt.org>).

**GENERAL FORMAT:** You must type the manuscript using word processing software. Set the page size to 8½ × 11 inches with 1-inch margins. Use a standard font such as Times New Roman, Calibri, or Arial and set the size to 12 points. Set text to align left (i.e., ragged right margin) with double spacing and turn off automatic hyphenation. Number pages consecutively beginning with the title page. Within the text, use only one space between sentences and a hard return only after a major heading or at the end of a paragraph. Use the Tab key instead of the space bar to indent paragraphs. Use number keys for any numerals (i.e., do not use the lowercase letter l for 1 [one] or the uppercase letter O for 0 [zero]).

**LINE NUMBERS:** To assist reviewers, insert continuous line numbers in your paper. For Word 2016, on the Navigation pane, click Layout > Line Numbers > Continuous. For the previous version of Word, on the Navigation pane, click Format > Document > Layout > Line Numbers > Start at 1 > Continuous.

**REFERENCE CHECKING SOFTWARE:** Prior to submission turn off automatic reference checking software.

**MANUSCRIPT PARTS**

Include the following items in the order indicated: title page, abstract, abbreviations, keywords, text, article information, references, tables, figures, and supplemental material.

**TITLE PAGE:** Make the title concise while still indicating the key points of the work. Provide a running title of fewer than 50 characters (not counting spaces). Include the full names and degrees of authors; separate authors by semicolons. Do *not* include Fellow, board certification, or licensure designations. Put author affiliations in the Article Information section, which is immediately before the References section.

**Example:**

**Invasive Fungal Infections While on Voriconazole, Liposomal Amphotericin B, or Miconazole for Antifungal Prophylaxis in Pediatric Stem Cell Transplant Patients**

Antifungal Prophylaxis in Stem Cell Transplant Patients

Annie Bui, PharmD; Veronica Nguyen, PharmD; Christina Hsu, PharmD; Ben Hyde, PharmD; and Tiffany Simms-Waldrip, MD

**ABSTRACT:** With the exception of Letters to the Editor, each manuscript must include an abstract of fewer than 250 words. Abstracts for Research articles must be structured and include four paragraphs with the following headings: Objective, Methods, Results, and Conclusions. Make headings all cap and boldface; follow by a keyboard space, no punctuation. Abstracts for other article types are unstructured. Do not include explanatory footnotes or references in abstracts.

**Example (Research article):**

**OBJECTIVE** Although acetaminophen has emerged as a therapeutic option for treating hemodynamically significant patent ductus arteriosus (PDA) in preterm infants, limited data exist on pharmacodynamics. The objective of this research is to report serum acetaminophen concentrations at steady state in infants treated with intravenous acetaminophen for PDA and to examine associations with clinical outcomes.

**METHODS** This retrospective study evaluated all infants admitted during the study period who received intravenous acetaminophen for the treatment of PDA. Acetaminophen dosing was 15 mg/kg every 6 hours. A serum acetaminophen concentration was obtained 4 hours after the eighth dose. Associations between serum concentrations and efficacy, assessed by ductal constriction on echocardiograms, and safety, assessed by serum creatinine and hepatic transaminases, were explored using simple linear regression.

**RESULTS** A total of 36 infants were included, with a median birth weight of 720 g (IQR 585–895 g) and a median gestational age of 25 weeks (IQR 24–26 weeks). The median acetaminophen concentration in the cohort was 12.3 mg/L (IQR 6.7–16.5 mg/L; range, 1.1–29.0 mg/L). Serum acetaminophen concentrations did not correlate with infant demographics, hepatic transaminases during treatment, or duct size at treatment completion. We observed ductal closure across a wide range of serum acetaminophen concentrations.

**CONCLUSIONS** We did not identify an association between acetaminophen serum concentrations following intravenous therapy and ductal response or hepatic toxicity.

**Example (Case Report):**

*Staphylococcus aureus* is the most common bacteria associated with the development of osteomyelitis in pediatric patients. Osteomyelitis caused by methicillin-resistant *Staphylococcus aureus* (MRSA) can be difficult to safely and effectively treat. Vancomycin, linezolid, and clindamycin are commonly used to treat osteomyelitis caused by MRSA. While adult studies suggest intravenous (IV) daptomycin may be beneficial for the treatment of MRSA osteomyelitis, it is not approved by the US Food and Drug Administration for use in pediatrics, and minimal data are available related to its use in this population. This case report describes the successful use of daptomycin (8 mg/kg/dose IV daily) combined with rifampin for 5 weeks, followed by 5 weeks of oral sulfamethoxazole/trimethoprim, for treatment of acute bilateral osteomyelitis caused by MRSA in an 8-year-old male. The patient did not initially respond to the combination of vancomycin plus rifampin and gentamicin; neither did he respond to ceftaroline treatment. After initiation of daptomycin, his fever quickly subsided, his pain rapidly improved, and his inflammatory markers significantly decreased. While daptomycin was effective in this patient, additional research is needed to determine the true safety and efficacy of this drug for treatment of osteomyelitis caused by MRSA in pediatric patients.

**ABBREVIATIONS:** Immediately after the Abstract, include a list of all abbreviations used in the abstract, text, tables, and figures. Put the abbreviation first; follow by a comma and space, the definition, a semicolon, and space. List abbreviations in alphabetical order.

**Example:**

**ABBREVIATIONS** ALT, alanine aminotransferase; AML, acute myeloid leukemia; AST, aspartate aminotransferase; GM, galactomannan; HSCT, hematopoietic stem cell transplant; IDSA, Infectious Diseases Society of America; IFI, invasive fungal infection; IA, invasive aspergillosis; L-AMB, liposomal amphotericin B; PAP, primary antifungal prophylaxis; SCr, serum creatinine

**KEYWORDS:** Immediately after Abbreviations, include no more than 7 keywords; they should be consistent with the Medical Subject Headings of the National Library of Medicine (<https://www.nlm.nih.gov/mesh/>). List keywords in alphabetical order, separated by semicolons.

**Example:**

**KEYWORDS** antifungal prophylaxis; invasive fungal infection; liposomal amphotericin B; micafungin; review; voriconazole;

**TEXT SPECIFICATIONS:**

**General Comments**

**Headings.** Formatting for heading levels is as follows:

Level 1	<b>Cap and Lowercase; Boldface; Flush Left</b> Typical headings: Introduction, Materials and Methods, Studies, Discussion, Conclusion Example: <b>Review of Management</b>
Level 2	<b>Cap and Lowercase Boldface; Followed by a Period and Keyboard Space.</b> Example: <b>Established Status Epilepticus.</b>
Level 3	<b>Cap and Lowercase; Boldface Italic; Followed by a Period and Keyboard Space.</b> Example: <b><i>Counahan-Barratt Formula.</i></b>
Level 4	<i>Cap and Lowercase; Lightface Italic; Followed by a Period and Keyboard Space.</i> Example: <i>Outcomes (Dependent Variables).</i>
Level 5	Cap and Lowercase; Lightface; Followed by a Period and Keyboard Space. Example: Adverse Effects.

**Abbreviations.** Spell out a phrase when used for the first time and follow with the abbreviation in parentheses. For abbreviations used in figures and tables, include the definitions in footnotes.

**Units of Measure.** JPPT uses conventional units and does not use the International System of Units.

**Drug Names.** Use generic names. If brand names are relevant to the paper, then include the trade name, manufacturer's name, and location (city and state) in parentheses at first occurrence. Omit any trademark symbols, but capitalize a trademarked name. For acceptable abbreviations of drug names, see Instructions for Authors > Drug Abbreviations at <http://www.jppt.org>.

**Drug Doses.** Use conventional metric mass units (e.g., mg or mg/kg) rather than molar SI units. Because drugs such as insulin or heparin may be prepared as mixtures and have no specific molecular weight, express doses in mass units. Express liquid doses in mL or mL/kg. Dosage is usually expressed as a quantity per unit of time; however, do not abbreviate "day" as "d" (mg/kg/d), but use "day" (mg/kg/day).

**Example:** She was started on oral CLB (Onfi, Lundbeck, Deerfield, IL) at 5 mg twice a day (0.3 mg/kg/day) for improved seizure control, and a temporary bridge of oral clonazepam at 0.02 mg/kg/day divided three times a day.

**Preferred Usage.** Express a serum value for a medication as a “concentration” and not a “level” (e.g., the vancomycin serum concentration was 25 mg/L). When possible, express units as mg/L and not mcg/mL.

**References Within the Text.** The author is responsible for the accuracy and completeness of the references and for correct in-text citations. Number references in consecutive order as they first appear in the text and not alphabetically. Use superscripted Arabic numerals for designators; enter the numbers manually instead of using a word processing function to generate the numbers. If you cite a reference more than once, use the original reference number for all subsequent citations. Ensure you have cited all references in the text, tables, or figure legends.

**Example:**

Number references in consecutive order as they first appear in the text.<sup>1</sup>  
Number references in consecutive order as they first appear in the text.<sup>1,2</sup>  
Number references in consecutive order as they first appear in the text.<sup>1-3</sup>

References to unpublished sources or personal communications are discouraged; however, if you do name an individual as a source whether from a conversation, letter, email message, or telephone call, then obtain written permission from the person. List these sources in text only, not in the References section. For example: email, S. J. Phelps, July 24, 2019.

**Tables and Figures.** Number tables and figures consecutively in the order of their callouts in the text. However, do not include the tables and figures themselves in the body of the paper near their respective callouts. Place tables and figures after the References section.

### Information Specific to Types of Articles

**Brief Reports.** These reports are similar to research manuscripts in that they follow the same rigor, format, and guidelines; however, they are shorter papers that are designed for small-scale research or research that is in the early stages of development. These reports may include preliminary studies that use simple research designs or small sample sizes and that have produced limited pilot data and initial findings that indicate the need for further investigation. They may also describe or evaluate the effect of a policy or procedure change and implementation. Brief Practice Reports may be well suited for the publication of resident projects.

**Clinical Vignettes.** Clinical Vignettes are brief reports that describe the medical course for one patient (Case report) or a series of patients. Clinical Vignettes undergo the same peer review and editorial process as Research articles. Include the patient’s age, sex, race, weight, pertinent medical history, and baseline laboratory values. Refer to patients only by number; ensure the real names or initials do not appear in the text, tables, or figures. Do not identify the institution unless it is essential to understanding content. Also, include a statement that written informed consent was obtained or was not required by the applicable institutional review board (IRB).

**Education.** These articles are either evidence-based reviews of topics relevant to those practicing in the area of pediatric pharmacology and therapeutics or descriptions of therapeutic dilemmas. The dilemmas are teaching cases based on real or contrived patients. A case may be constructed to allow for discussion of an area of therapeutics that is novel or often misunderstood by practitioners. The discussion may be written by the same individual who developed the case or the Editor may identify a recognized expert clinician to provide a discussion of the case. Education articles undergo the same peer-review and editorial process as Research articles and Clinical Vignettes. Papers on ethical topics, legal concerns, pharmacoeconomic, and health care policy are welcome. Reviews are usually unsolicited, but occasionally the Editor solicits a manuscript. To prevent duplication of a topic, contact the editorial office ([sphelps@uthsc.edu](mailto:sphelps@uthsc.edu)) before writing a Review.

**Opinion.** An Opinion generally provides commentary and analysis on an article in the issue in which it appears. Opinions may also provide a perspective on a selected topic. They are usually solicited, but the Editor is willing to discuss those that have not been requested. Another opinion piece is a Letter to the Editor, which is a brief communication that expresses an opinion in response to an article previously published in JPPT. A Letter must be submitted within 6 months of the publication of a paper.

**Research.** Use the following major headings: Introduction, Materials and Methods, Results, Discussion, Conclusion, Article Information, References, Tables, and Figures. In the Methods section, indicate all statistical tests used and the a priori level of significance as well as appropriate indicators of measurement error or uncertainty for mean values. Briefly explain or cite a source for unusual or complex statistical methods. If you use more than one statistical test, clearly identify the data evaluated by each test. In the Results section, present outcomes in a logical sequence. We highly recommend that you report results of randomized controlled trials according to CONSORT statement guidelines ([www.consort-statement.org](http://www.consort-statement.org)). Begin the Discussion section with the major findings of the study and in the Conclusion, specify the implications or applications of the findings.

**ARTICLE INFORMATION:** Include the following items in the order indicated and place immediately before the References section: affiliations, correspondence, disclosure, ethical approval and informed consent, acknowledgment (if applicable), and supplemental material (if applicable). To help you format these sections:

#### **Article Information**

**Affiliations.** List the department followed by the respective authors' initials in parentheses, institution, city and state; separate by commas.

**Correspondence.** List the corresponding author's information including name, degrees followed by a semicolon and one space, and then the email address.

**Disclosure.**For each author you must note any financial or proprietary interest in the subject matter or materials discussed in the manuscript. Use the following statements and modify as needed for the content in various types of papers.

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**Examples:**

*Case Report.* The authors declare no conflicts or financial interest in any product or service mentioned in the manuscript, including grants, equipment, medications, employment, gifts, and honoraria. The authors had full access to all patient information in this report and take responsibility for the integrity and accuracy of the report.

*Opinion (Editorials, Letters, Position Papers).* The authors declare no conflicts or financial interest in any product or service mentioned in the manuscript, including grants, equipment, medications, employment, gifts, and honoraria.

*Research.* The authors declare no conflicts or financial interest in any product or service mentioned in the manuscript, including grants, equipment, medications, employment, gifts, and honoraria. The authors had full access to all the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

*Review.* The authors declare no conflicts or financial interest in any product or service mentioned in the manuscript, including grants, equipment, medications, employment, gifts, and honoraria.

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**Ethical Approval and Informed Consent.** For experimental investigations of human or animal subjects, include a statement regarding appropriate IRB approval of the project. For human subject research, also include a statement that written informed consent was obtained or was not required by the IRB. For investigators who do not have formal ethics review committees, include a statement indicating that you followed the principles outlined in the World Medical Association Declaration of Helsinki (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). Documentation supporting IRB approval is not required. Use the following statements and modify as needed for the content in various types of papers.

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**Examples:**

*Prospective Study.* The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national guidelines on human experimentation and have been approved by the appropriate committees at our institution (\*). All patients and/or parents/caregiver(s) provided written informed consent and/or assent (as applicable) at enrollment.

*Retrospective Study, Survey, Case Report, Case Series.* Given the nature of this study, institutional review board/ethics committee review and informed consent were not required.

*Case Report, Case Series, Survey.* The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national guidelines on human

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experimentation and have been approved by the appropriate committees at our institution (\*). However, given the nature of this study, informed consent was not required by our institution.

*\* The authors can specifically mention an institution, IRB number, or date of approval if desired, but this is not required. An example would be (The University of Tennessee Health Science Center and LeBonheur Children's Hospital; TN-18-00169, 4/19/2019).*

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**Acknowledgment.** List all persons who have made substantial contributions to the work reported in the manuscript, but who are not authors. Indicate if an abstract or any portion of the manuscript has been presented at a meeting. Include the name of the organization, place, and date of the presentation.

**Supplemental Material.** If there is supplemental material with your article, add this heading and the following placeholder: <https://doi.org/10.5683/xxxx-xxxx-xx.x.xxx.S1>. The Editor will complete the URL before publication.

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**Example:**

**Article Information**

**Affiliations.** Department of Pharmacy (ELS), WakeMed Health & Hospitals, Raleigh, NC; Departments of Pharmacy (MWS, BSS, BBL), Pediatrics (KAR), and Biostatistical Sciences (GBR), Wake Forest Baptist Health, Winston-Salem, NC

**Correspondence.** Stephanie J Phelps, PharmD; [sphelps@uthsc.edu](mailto:sphelps@uthsc.edu)

**Disclosure.** The authors declare no conflicts or financial interest in any product or service mentioned in the manuscript, including grants, equipment, medications, employment, gifts, and honoraria. Stephanie Phelps and Chasity Shelton had full access to all the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

**Ethical Approval and Informed Consent.** The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national guidelines on human experimentation and have been approved by the appropriate committees at our institution. All patients and/or parents/caregiver(s) provided written informed consent and/or assent (>8-years-old) at enrollment.

**Acknowledgments.** Pediatric Infectious Disease physicians, pharmacists, medical teams, and nurses at Wake Forest Baptist Health Brenner Children's Hospital for their assistance. Preliminary results were presented at Midyear Clinical Meeting on December 8, 2015; PPAG Annual Meeting Resident Project Presentations in Minneapolis, MN, on April 30, 2015; and UHC Midyear Poster Presentation on December 6, 2014.

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**REFERENCES:** Formats for the most common sources follow.

**Published Paper.** Include the following information in the order indicated:

*Authors.* Cite up to 4 authors (last name, initials with no periods, and separated by commas). If there are more than 4, list “et al” after the third name. Follow the last name by a period and one space.

*Article Title.* Use sentence case; follow by a period and one space.

*Journal Name.* Abbreviate per Index Medicus and italicize; follow by a period and one space.

*Year;Volume(Issue):Page Range.* Run this information together using the punctuation shown. Use complete inclusive page numbers separated by an en dash and no spaces; end with period.

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**Example:** Shelton CM, Alford EL, Storgion, SA, et al. Enteral topiramate in a pediatric patient with refractory status epilepticus: a case report and review of the literature. *J Pediatr Pharmacol Ther.* 2014;19(4):317–324.

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*Digital Object Identifier.* If the source has only a page or an article identifier, include the doi after the identifier; no period at the end.

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**Example:** American Academy of Pediatrics, Committee on Substance Use and Prevention. Medication-assisted treatment of adolescents with opioid use disorders. *Pediatrics.* 2016;138(3):e20161893. doi:10.1542/peds.2016-1893

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**Book.** Include the following information in the order indicated:

*Editors.* Cite up to 4 individuals (last name, initials with no periods, and separated by commas). If there are more than 4, list “et al” after the third name. Follow the last name by “ed.” or “eds.,” a period, and one space.

*Book Title.* Use title case and italicize; follow by a period and one space.

*Volume or Edition Number (If Any).* Follow by a period and one space.

*City and State (or Country) of Publication.* Follow by a colon and one space.

*Publisher.* Follow by a period and one space.

*Year.* Follow by a period.

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**Example:** Phelps SJ, Hageman TC, Lee KR, Thompson AJ, eds. *The Teddy Bear Book. Guidelines for Administration of Intravenous Medications to Pediatric Patients.* 11th ed. Washington, DC: American Society of Hospital Pharmacists. 2018.

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**Book Chapter.** Include the following information in the order indicated:

*Authors.* Cite up to 4 authors (last name, initials with no periods, and separated by commas). If there are more than 4, list “et al” after the third name. Follow the last name by a period and one space.

*Chapter Title.* Use sentence case; follow by a period and one space.

*Editors.* After the word “In:” cite up to 4 individuals (last name, initials with no periods, and separated by commas). If there are more than 4, list “et al” after the third name. Follow the last name by “ed.” or “eds.”, a period, and one space.

*Book Title.* Use title case and italicize; follow by a period and one space.

*Edition Number (If Any).* Follow by a period and one space.

*City and State (or Country) of Publisher.* Follow by a colon and one space.

*Publisher.* Follow by a period and one space.

*Year.* Follow by a colon and no space.

*Page Range.* Use inclusive page numbers separated by an en dash and no spaces.

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**Example:** Wheless JH, Phelps SJ. Pharmacokinetic principles of antiepileptic drug therapy in children. In: Pellock JM, Nordli DR, Sankar R, et al, eds. *Pellock’s Pediatric Epilepsy*. 4th ed. New York, NY: Demos Medical. 2016:659–690.

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**Website.** Include the following information in the order indicated:

*Authors.* Cite up to 4 authors (last name, initials with no periods, and separated by commas). If there are more than 4, list “et al” after the third name. Follow the last name by a period and one space.

*Title.* Use sentence case; follow by a period and one space.

*City and State (or Country) of Publication.* Follow by a colon and one space.

*Year.* Follow by a period and one space.

*URL (hyperlink).* Follow by a period and one space.

*Date Last Accessed.* After the word “Accessed,” indicate the month, day, and year; follow by a period and one space. The corresponding author should confirm all links are in working order. The corresponding author should also keep a printed copy of any web information. If the URL changes or disappears, this will enable the reader to contact the corresponding author for a copy of the information.

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**Example:** National Council on Patient Information and Education [NCPIE]. Children and America’s other drug problem: guidelines for improving prescription medicine use among children and teenagers. Bethesda, MD: 1989.  
<http://www.talkaboutrx.org/assocdocs/TASK/376/ChildAmericaOtherDrugProblem.pdf>. Accessed January 19, 2019.

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**Prescribing Information / Package Insert.**

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**Example:** Caffeine citrate [package insert]. Detroit, MI: Caraco Pharmaceutical Laboratories; October 2019.

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**TABLES:** Include tables as editable text within the manuscript and place after the References section but before figures. Create tables using a word processing table function. Use the tab function to align information—do not use manual spaces. Each table must include a succinct but complete title. If specific references are cited within the table, include only the first author’s name and superscripted reference number; do not use “et al” or date. If there are footnotes, use the following symbols for designations in the order indicated: \*, †, ‡, §, ¶, #, \*\*, ††, ‡‡. For examples of table construction, see Instructions for Authors > Table Creation at <http://www.jppt.org>.

**FIGURES:** Place figures after tables. Each figure must include a succinct but complete title. Place any keys or legends below the figure and not in the figure itself. If there are footnotes, use the following symbols for designations in the order indicated: \*, †, ‡, §, ¶, #, \*\*, ††, ‡‡. Once the paper is scheduled for publication, the Editor will contact you about submitting high-resolution figures that comply with JPPT style.

Minimal resolutions are as follows: 1200 dpi for line art; 600 dpi for color (save as CMYK, not RGB or indexed) or grayscale images (save black and white images as grayscale). Photos taken with a digital camera must have a resolution of at least 4 megapixels. Minimize the use of color in charts, graphs, and drawings to that necessary for clarity of communication and ease of understanding. Use solid fill or percentage screens (not pattern or textured fills) and a minimum line weight of 1 pt throughout. Remove background lines and titles from all graphs.

**SUPPLEMENTAL MATERIAL:** Supplemental information such as tables or surveys is allowed; it will be posted to <http://www.jppt.org> as discoverable supplemental information. Place supplemental material as the last item in a manuscript. Label supplementary tables Table S1, Table S2, etc. Each table must follow JPPT style as described earlier.

#### **MANUSCRIPT SUBMISSION AND PUBLICATION PROCESS**

Turn off any automatic reference checking software. Submit all manuscripts (including table and figure files with legends) electronically via Editorial Manager at [jppt.edmgr.com](http://jppt.edmgr.com). Direct questions to [sphelps@uthsc.edu](mailto:sphelps@uthsc.edu).

**PERMISSIONS:** For any figures or tables that have been published earlier or for personal communications, provide the Editor with the written permission from the copyright holders or individuals, as applicable.

**COPYRIGHT:** When a manuscript is submitted, the corresponding author will assign copyright release to the Pediatric Pharmacy Association (PPA). Accepted manuscripts become the permanent property of PPA and may not be published elsewhere without permission. PPA relinquishes property rights of rejected manuscripts.

**EDITOR REVIEW:** The Editor will review your paper for technical correctness (i.e., compliance with JPPT style). If the paper fails the technical check, the Editor will return the manuscript to the corresponding author for revisions.

**PEER REVIEW AND ACCEPTANCE:** Once the manuscript is technically correct, the Editor will assign it to an Associate Editor and all authors will receive notification that the paper has been submitted to JPPT. The Associate Editor will assign the article to individuals with expertise in the manuscript area for unblinded review and communicate with the corresponding author regarding the manuscript’s

acceptability for publication and suggested revisions. The Associate Editor or Editor makes the final decision regarding disposition of all papers.

**PUBLICATION:** Once the paper is scheduled for publication the Editor will contact you about submitting high-resolution figures that comply with JPPT style. All accepted manuscripts are copyedited, and galley proofs are sent to the corresponding author for final approval. Authors are responsible for all statements in the work.