

Support Line

A Publication of Dietitians in Nutrition Support
Providing nutrition across the health care continuum

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Overview of *Support Line*

Support Line is the official publication of Dietitians in Nutrition Support (DNS), a Dietetic Practice Group of The Academy of Nutrition and Dietetics (The Academy). Its primary purpose is to publish manuscripts that address current aspects of nutrition support. All published material is copyrighted and may not be reproduced without permission of the editor. *Support Line* publications are indexed in CINAHL, a database that focuses on allied health and nursing literature. All manuscripts are subject to anonymous peer-review and are judged on content, originality, scientific accuracy, clarity, and contribution to the field of nutrition support. Submitted manuscripts are accepted at the discretion of the reviewers and the editors. Content of the articles is the responsibility of the author(s). Other professionals may be asked to assist with manuscript preparation, but the primary author is ultimately responsible.

The *Support Line* Review Board includes: *Support Line* Editor, Guest Editor (as applicable) and content reviewers.

Editor: Heather Stanner MS, RDN, LD, CNSC; email heather.r.stanner@gmail.com

Managing Editor: Laurel Meierdiercks; email: supportline@technicaeditorial.com

Six online issues of *Support Line* are released each year and published on the first day of February, April, June, August, October and December. Manuscripts are due six months before the issue publication date. Authors will receive their peer-review within two months of submission. The authors then have one month to revise and resubmit the article. The majority of articles only undergo one iteration of peer review; the editor approves the revised article. Articles with significant issues in content, originality, scientific accuracy, and/or clarity may not be accepted for publication, or may undergo multiple iterations of the peer review process and may have to be published in a subsequent issue. Articles not accepted for publication may be forwarded to the Writer's Mentoring Program. All contributions will be kept on file for use in forthcoming issues if not used immediately (e.g. in the event the copy is submitted late, etc.)

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Review papers, research papers, and case presentations are acceptable. Each submission will include the manuscript, Author Information File (Appendix A), Copyright Transfer Form (Appendix B), Permission to Reprint Form (Appendix C, if applicable), and learning objective and questions for continuing education. An overview of each component is provided in the subsequent sections.

Manuscript Format

Support Line accepts manuscripts of all lengths; however, on average, articles are 5000-6000 words (including tables, figures and references). Submitted manuscripts should be typed and double-spaced with 1 to 1½ inch margins. Number each manuscript page consecutively. Subheadings that clarify and organize the information are helpful. Tables, figures, and illustrations are encouraged and should be placed within

the Word document at the end of the manuscript (after the references). They should be numbered and cited consecutively in the body of the text. Please note that only Word files will be accepted with the manuscript file designation in Scholastica.

A general guideline for format is as follows:

1. Title of the manuscript
2. Abstract providing a brief overview of the paper
 - a. Abstracts should be understandable without reference to the main text. The abstract should be written in paragraph style and should provide a brief overview of the article and its findings. The last sentence should focus on the findings/application for the dietetics practitioner. The abstract should not exceed 200 words or cite sources/reference numbers.
3. Introduction stating the background information and purpose of the article
4. Body of the manuscript
 - a. Review article
 - i. Subheadings to clarify and organize the information
 - ii. Application or Implications to practice
 - iii. Conclusion
 - b. Case presentation
 - i. Outline of events
 - ii. Discussion of events related back to the published literature
 - iii. Application or Implications to practice
 - iv. Conclusion
 - c. Research article
 - i. Description of materials and methods
 - ii. Results
 - iii. Discussion of findings related back to the published literature
 - iv. Conclusion
 - d. Additional information:
 - i. Avoid use of brand names. Generic names should be used wherever possible to avoid naming a commercial product or firm. If a brand name is used, use ® or ™ as appropriate and cite the manufacturer's name and city of the manufacturer's headquarters in a footnote or parentheses.
 - ii. Numbers: Spell out numbers from one to nine, except for units of measure or statistical material. Always spell out numbers at the beginning of a sentence. Chemical formulas should be written out in the text.
 - iii. Abbreviations: all abbreviations should be written in the text the first time it is used. Use abbreviations when necessary, but generally when used at least three times in the article.
5. Tables, if applicable
 - a. Each table should be typed single-spaced and embedded into the manuscript file on a separate page. Tables should be numbered consecutively. Tables should also be

sequentially mentioned or called out in the body of the manuscript. The title should follow the table number on the same line and not end with a period. Tables may not contain more than 14 columns.

- b. Tables should contain enough detail to be understandable without reading the associated text.
- c. Table headings: type all headings in sentence case structure. If applicable, include the unit of measure.
- d. Numbers in Tables: If decimals are used, insert a zero to the left of the decimal point for figures less than 1.0. Use an en dash to indicate ranges, e.g., 75–100. When the designation line at the left (stub) requires two lines, figures in the columns to the right should appear on the second line. Line up figures vertically by decimal points or by hyphens.
- e. Footnotes are indicated by characters in the following order: *, †, #, ¶. For more than four footnotes, repeat the series, doubling each character. Use the standard * for $P < 0.05$; ** for $P < 0.01$; *** for $P < 0.001$. When these are used, do not use an asterisk for any other footnote.
- f. Abbreviations: Spell out abbreviations used in tables or use a footnote to indicate the abbreviation.

6. Figures & Illustrations, if applicable

- a. Figures & illustrations should be embedded into the Word manuscript file on a separate page. Figures & illustrations should be numbered consecutively. Figures & illustrations should also be sequentially mentioned or called out in the body of the manuscript.
- b. The original image files must be PowerPoint slides, PDFs, or JPEG files of at least 300 dpi.
- c. Figures & illustrations should include a caption below the figure or illustration. The caption should be brief, yet make the illustration intelligible by itself. Each caption should be in sentence case structure and numbered to correspond with the illustration. Each illustration should be mentioned or called out in the body of the manuscript.

7. References

- a. *Support Line* follows the style of the *Journal of Academy and Dietetics* for references and citations. For more information visit and search “Journal Style”:
[https://www.jandonline.org/article/S0002-8223\(98\)00008-X/fulltext#secd13464175e123](https://www.jandonline.org/article/S0002-8223(98)00008-X/fulltext#secd13464175e123)
- b. Authors should use relevant, current citations from the professional and scientific literature. The author(s) should read all references. Accuracy and adequacy of the references are the responsibility of the author(s). Wherever possible, use of high-quality, evidence-based research is encouraged. Also, whenever possible, primary sources should be used.
- c. No matter how well known the book (e.g., *Dietary Reference Intakes*), it must be included in the list of references if it is referred to in the manuscript.
- d. Cite references in the text using consecutive numbers formatted as superscript numbers outside of punctuation. Type references at the end of the article (before tables/figures if there are any) in the order they are cited in the text, not alphabetically or chronologically.
- e. Limit references to 60.

Author Information File (Appendix A)

This file is used to facilitate the anonymous peer-review process. Even if you have published a manuscript in *Support Line* in the past, you must complete a new Author Information File for all new manuscript submissions. The format is included below. Please copy this information into a new Word document. Type each author's name and degrees exactly as they should appear on the published manuscript. The corresponding author will receive all email communication from Technica Editorial Services. The designation of first author, second author, third author, etc. is used to determine the author order for publication. Save the file as: Corresponding author last name Appendix A.

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Appendix B is a copyright transfer form that needs to be completed and submitted with the manuscript. The copyright transfer form is included below. Please copy this information into a new Word document, complete the highlighted areas, add the signature for all authors, and save the file as: Corresponding author last name Appendix B.

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Continuing Education Content

Support Line provides continuing education credits for each issue. To receive continuing education, *Support Line* must submit a learning objective, two competencies and performance indicators, and five multiple choice questions based on the content provided in the article to the Commission on Dietetic Registration. The template for this content is included below (under the outline). Please copy this information into a new Word document, provide the updated information, and save the file as: Corresponding author last name CE

1. One learning objective
2. Five multiple choice questions
 - a. DO NOT write any True/False questions
 - b. Each question must have four choices labeled 1, 2, 3 4
 - c. Under each choice, list whether the response is correct or incorrect
 - i. Each question should have ONLY ONE CORRECT ANSWER
 - d. Provide a rationale for the correct answer and EACH of the incorrect responses. Be sure that the answer and rationale can be located within the article and is evidenced based.
 - e. Tips for writing answers
 - i. DO NOT use the following responses:
 1. “All of the above”
 2. “None of the above”
 3. Combination of answers (example: both a and c)
 - ii. Try to keep the responses the same length (example: choice “a” should not be a single word, while choice “b” is a sentence long response)
 - iii. Ensure that the questions are still relevant after changes have been suggested from reviewer comments.

Please use the following template to draft your objective and multiple-choice questions. Please copy this information into a new Word document, update the article title, learning objective, five multiple choice questions and save the file as: Corresponding author last name CE

Information below in **RED** should remain; please modify remaining text pertaining to your submission.

ARTICLE TITLE: Management of Iron Status in Home Parenteral Nutrition Patients

LEARNING OBJECTIVE: The learner will be able to recognize iron deficiency anemia and offer appropriate treatment recommendations for patients receiving home parenteral nutrition.

CONTINUING EDUCATION QUESTIONS:

Question 1: Home parenteral nutrition patients may be iron deficient because:

Answer 1: Parenteral iron sources cannot be mixed in home parenteral solutions containing phosphorous.

Rationale Answer 1: Incorrect. Parenteral iron cannot be added to parenteral solutions containing lipid (3-in-1 emulsions) due to instability of the admixture. However, parenteral iron can be added to home parenteral nutrition solutions containing phosphorous.

Answer 2: Parenteral iron sources are significantly slower at correcting iron deficiency compared to enteral sources.

Rationale Answer 2: Incorrect. Administration of intravenous iron results in a significantly faster increase in iron stores and hemoglobin compared to oral supplementation. Therefore, iron values should be reassessed more frequently for patients receiving parenteral iron therapy.

Answer 3: Iron values appear within normal limits during periods of inflammation.

Rationale Answer 3: CORRECT! A low serum ferritin value indicates iron deficiency, but normal or elevated values do not necessarily suggest adequate concentrations because ferritin is an acute-phase reactant and is elevated in inflammatory conditions. Studies suggest that patients receiving home parenteral nutrition may be in a chronic inflammatory state.

Answer 4: Iron sucrose causes elevated blood glucose and increases infection risk.

Rationale Answer 4: Incorrect. Iron dextran is the form of parenteral iron that has proven compatible with parenteral nutrition.

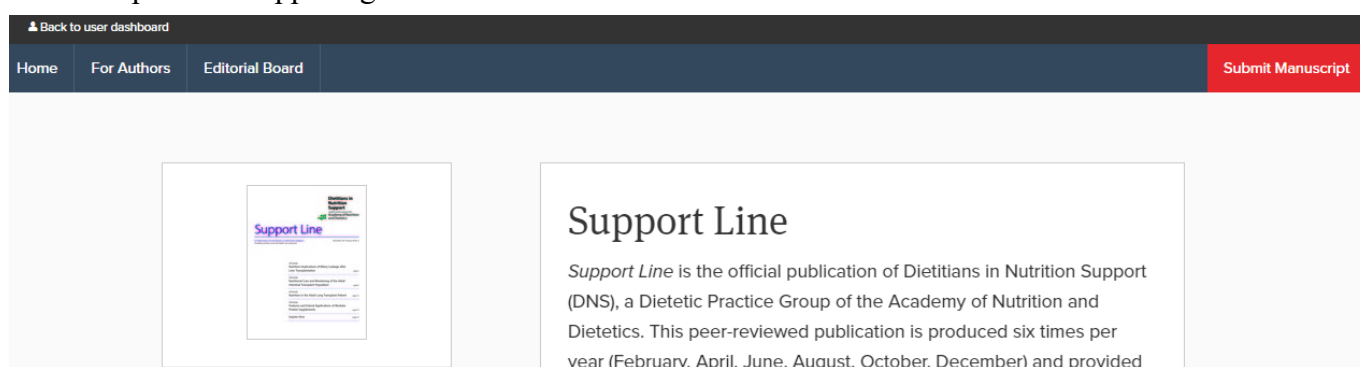
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- ☐ [Completed copyright transfer form \(Appendix B\)](#)
- ☐ [Permission for reprint \(if applicable\) \(Appendix C\)](#)
- ☐ [Learning objective and 5 CE questions](#)

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