ADDITIONAL READER FEATURES

Graphic Elements (see Sample Chapter)

Graphic elements improve page layout and design, but more importantly, they present information in a useful way to the reader. The many options for graphic elements include tables, boxes, figures, algorithms, photos, illustrations, and drawings. Depending on the topic, each chapter could include at least three or four such elements to engage the reader.

SAP PEARL

- Insert boxes, tables, and figures into the Word document at the point you wish them to appear in the text.

Footnotes, Abbreviations, and Credits for Graphic Elements

Footnotes, abbreviations, and credits (in that order) are placed underneath all tables, boxes, and figures.

- Use superscripted letters (e.g., [a,b,c]) for footnotes. Place these in the box, table, or figure and then explain them underneath.
- List abbreviations alphabetically with their explanations under the footnotes (e.g., BID = two times/day).
- Place credits (e.g., "Information from …", "Adapted with permission from…") underneath the abbreviations. See Copyright Requirements for the correct wording.

Boxes, Tables, and Figures

Boxes

Boxed elements are used for a list or other information that does not need to be tabulated across columns. To create a box using Word, insert either a text box or a one-row, one-column table where you wish it to appear in the text. Number boxes at the top and follow with the title.

- Box titles should be fully descriptive because the box may be viewed separately from the chapter. Put the title in title case (cap the first letter of all words except articles and prepositions of four letters or less).
- List boxed items in alphabetic order unless there is a reason to do otherwise (e.g., in decreasing incidence, numbered steps).
- The content for boxes need not actually be surrounded by a "box" during the editorial process; this will be added in the final page proof stage.

SAMPLE BOX

Box 3-1. Predisposing Factors for Septic Arthritis in Adults

- Age >80 years
- Alcoholism
- Diabetes mellitus
- Intravenous drug abuse
- Previous intra-articular corticosteroid injection
- Prosthetic joint
- Recent joint surgery
- Rheumatoid arthritis
- Skin infection, cutaneous ulcers

Information from Margaretten ME, Kohlwes J, Moore D, et al. Does this adult patient have septic arthritis? JAMA 2007;297:1478.

SAMPLE BOX: PIVOTAL STUDY THAT MAY CHANGE PRACTICE

- This type of box provides a detailed discussion of the most important study or published data on the chapter topic, with special attention on how and why the study data should affect patient care.

Pivotal Study That May Change Practice

Wieland BR, Marcantoni JR, Bommarito KM et al. A retrospective comparison of ceftriaxone vs. oxacillin for osteoarticular infections due to methicillin-susceptible *Staphylococcus aureus*. Clin Infect Dis 2012;54:585-90.

Setting: Treatment of bone and joint infections require long durations of antimicrobials and often involve treatment in the outpatient setting. The treatment options for bone and joint infections caused by methicillin-susceptible *S. aureus* (MSSA) include oxacillin, nafcillin, and cefazolin. Ceftriaxone is an effective treatment option for MSSA infections and is attractive because of once-daily administration, no renal dosage adjustment, and excellent tolerability. The use of ceftriaxone for bone and joint infections is controversial because of concerns of failure given MIC (90) concentrations of 4 mcg/mL against MSSA. This study compared patient outcomes of MSSA osteoarticular infections with ceftriaxone versus oxacillin.

Design: 124 patients were enrolled in a retrospective cohort study of patients with MSSA osteoarticular infections at a tertiary care hospital. Successful treatment was compared at 3-6 months and >6 months after completion of antimicrobial therapy.

Outcomes: Data for 97 patients (3–6 months) and 88 patients (> 6 months) were available for analysis. Treatment success was similar in both groups at 3–6 months (83% vs 86% respectively) and > 6 months (77% vs 81% respectively), however the study was not powered to demonstrate noninferiority. Discontinuation because of toxicity was higher in the oxacillin group (18% vs

4%, p=0.01). Approximately one-half of the patients had orthopedic hardware involvement. In this subset, 81% of ceftriaxone treated patients vs 93% (p=0.4) of oxacillin treated patients had treatment success at early follow up and 74% vs 85% (p=0.7) at late-follow up. Forty-three patients (29 ceftriaxone and 14 oxacillin) were discharged with hardware in place. At early followup, treatment success was 76% in these ceftriaxone treated patients vs 100% (p=0.08) in oxacillin treated patients and 69% versus 93% (p=0.2) at late follow-up.

Impact: The IDSA PJI guideline authors could not reach consensus on the use of ceftriaxone to treat MSSA bone and joint infections. This is the first case-control retrospective cohort study to compare ceftriaxone with an antistaphylococcal penicillin for the treatment of osteoarticular infections. Findings were similar to previous retrospective cohort studies, suggesting that ceftriaxone 2 g daily was similar to oxacillin 4 g every 6 hours. These findings give additional evidence to support use of ceftriaxone 2 g daily to treat osteoarticular infections. Failure rates may be higher in patients with retained hardware, and this is an area that requires additional investigation.

Tables

- Tables are not lists; they should only be used to present tabular information that can be compared across columns.
- Number tables at the top and follow with the title. Titles should be fully descriptive: the table may be viewed separately from the chapter.

SAP PEARLS

- Use the Word table function to add a table to your chapter file.
- Do not tab across entries.

- Order items in the first column alphabetically unless there is a reason to do otherwise.
- Abbreviations such as BID, IM, IV, PO, QD, QID, SC, and TID can be used if they are spelled out in alphabetical order below the table.
- Do not use periods in the table body, even if an item is a sentence. Instead, use semicolons if it is necessary to separate items.

SAMPLE TABLE

Table 2. Antivirals Commonly Used in the Treatment of Herpes Zoster

Drug	Clinically Useful Activity Against Acyclovir-Resistant VZV	Dosing Regimen[a]	Adverse Effects	Drug Interactions
Acyclovir	No	Immunocompetent: 800 mg PO 5 times daily Immunocompromised:	Malaise, nephrotoxicity	Nephrotoxic agents, zoster

		10 mg/kg IV three times daily		vaccine
Famciclovir	No	Immunocompetent: 500 mg PO three times daily	Headache, nausea	Zoster vaccine
Foscarnet[b]	Yes	Immunocompromised: 40 mg/kg IV three times daily	Fever, electrolyte disturbances, nausea, vomiting, diarrhea, headache, anemia, granulocytopenia	Nephrotoxic agents, QT prolonging agents
Valacyclovir	No	Immunocompetent: 1 g PO three times daily	Headache, nausea, abdominal pain, hepatotoxicity, nasopharyngitis	Zoster vaccine

[a]Doses recommended for patients with herpes zoster and are based on normal kidney and liver function.
[b]Not approved for the treatment of herpes zoster by the FDA.
IV = intravenously; PO = by mouth; VZV = varicella zoster virus.

Information from: Cohen JI. Herpes zoster. N Engl J Med 2013;369:255-63.

Figures

Algorithms, graphs, and anatomical illustrations are common in SAP chapters. Unlike boxes and tables, the figure number and caption appear below the figure. Follow the caption with any necessary footnotes, abbreviations, or photo credits.

ALGORITHMS

Chapters that discuss clinical management should include an algorithm or decision tree. This is an excellent way to guide clinical decision-making, and readers consistently recommend it as a way to present information.

- Build the algorithm in Word by creating one text box and then copying it. Arrows or lines can then be used to connect boxes.

SAMPLE ALGORITHM

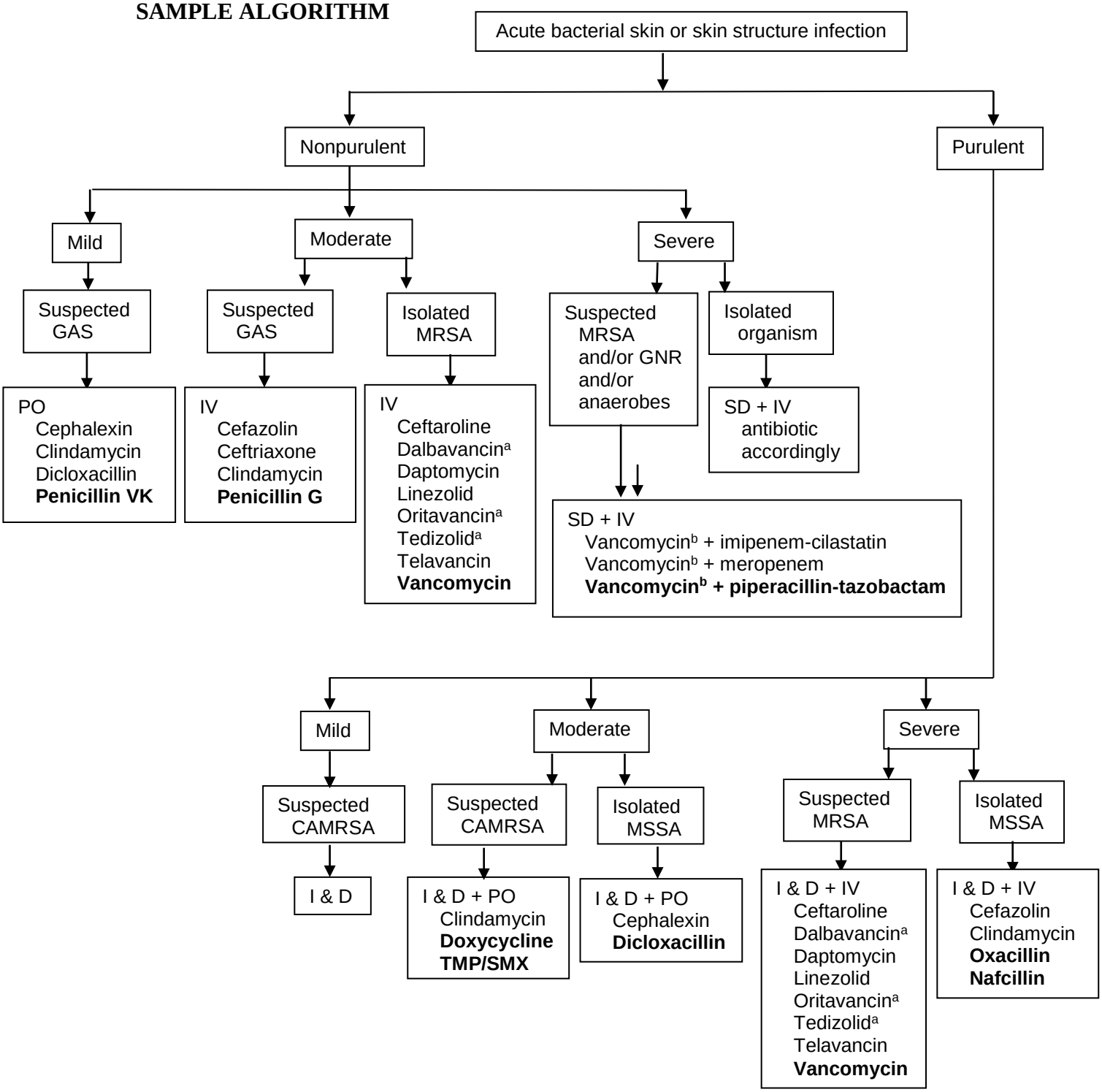

Figure 1-3. General approach to the management of acute bacterial skin and skin structure infections. Bolding indicates antibiotic of choice.

[a]Not included in the 2014 IDSA guidelines for the management of skin and soft tissue infections.

[b]An alternative new anti-MRSA antibiotic can also be used.

CAMRSA = community-associated methicillin-resistant *Staphylococcus aureus*; GAS = Group A β-hemolytic *Streptococcus*; GNR = gram-negative rods; I & D = incision and drainage; IV = intravenous; MRSA = methicillin-resistant *Staphylococcus aureus*; MSSA = methicillin-sensitive *Staphylococcus aureus*; PO = oral; SD = surgical debridement.

Information from: Stevens DL, Bisno AL, Chambers HF, et al. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America. Clin Infect Dis 2014;59:e10-52.

Photos and Illustrations

Because the principal form of the SAP is an online book (interactive PDFs), it is possible to include color photos, graphs, and illustrations in chapters where these would facilitate learning.

> ***SAP PEARL***
>
> - Insert photos and illustrations into the Word document at the point you wish them to appear in the text.

Sources

Photos and illustrations may be created by the author or selected from Web sites in the public domain.

- For a list of federal (U.S. government) Web sites with medical illustrations, visit: http://en.wikipedia.org/wiki/Wikipedia:Public_domain_resources#Medicine
- The figures in Gray's Anatomy, 20th ed. (http://www.bartleby.com/107/) are also in the public domain (no copyright required).
- If your photo or illustration has been previously published, and is not in the public domain, you will have to comply with copyright requirements and obtain permission to reprint from the publisher.

Illustrations

- If you wish to include a *Gray's Anatomy* figure in your chapter, pull the small version from the URL above, or simply add the plate number. ACCP staff will find the correct version.
- Create figures in Adobe Illustrator or Photoshop. Acceptable formats include bitmap (.bmp); Encapsulated PostScript (.eps); Tagged Image File Format (.tiff); Adobe Photoshop version 4.0 or higher (.psd); Adobe Illustrator version 7.0 or higher (.ai); JPEG (.jpg); and Portable Network Graphics (.png).
- Figures must be at least 300 dpi resolution. Grayscale (black and white) pictures would be better at 600 dpi and line art (charts, illustrations with just lines) are best at 1200 dpi.
- Submit a full-size, camera-ready; if an electronic file exists with minimum 300 dpi resolution, also submit it to the Project Manager.
- If a figure has been scanned, please submit the electronic file from the scan in one of the formats listed above (most scans yield a bitmap or TIFF file). As above, minimum resolution is 300 dpi.

- Do not scan a figure and import it into the chapter; although it may look good in Microsoft Word, it will have the appearance of an “electronic photocopy” of very poor quality.

- Do not embed figures created in Photoshop or Adobe Illustrator into Microsoft Word.

- Do not submit photocopies.

SAMPLE ILLUSTRATION

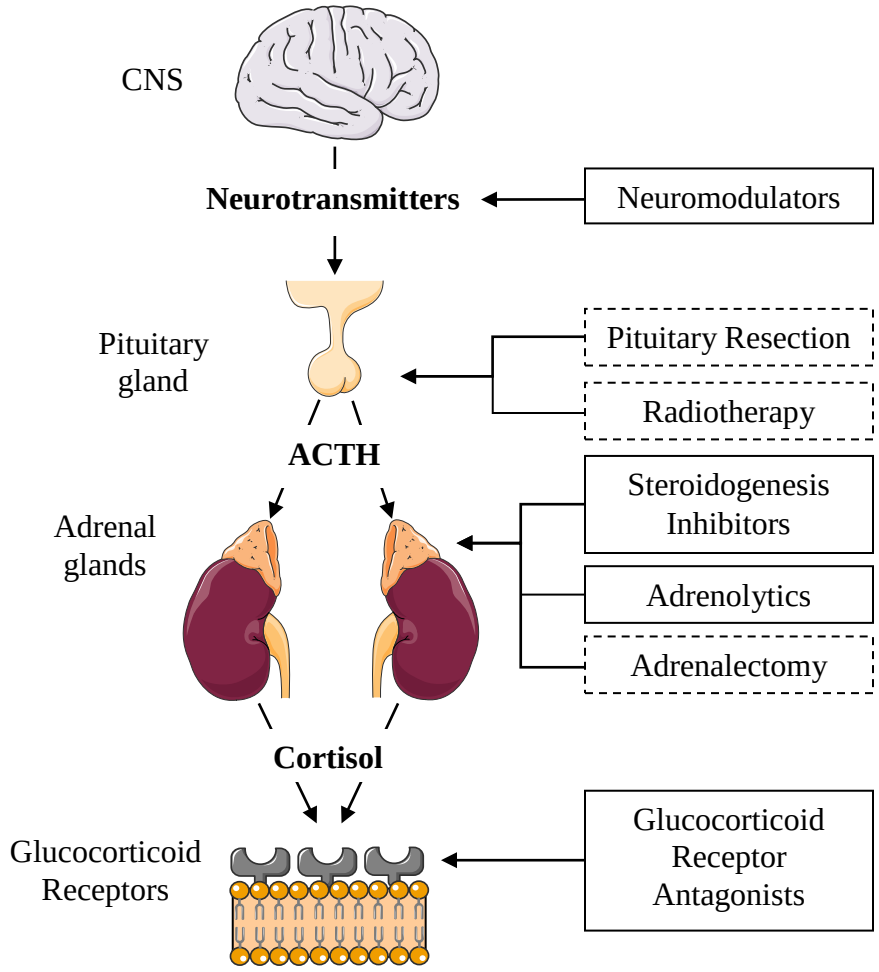

Figure 3. Sites of action for major pharmacologic (solid boxes) and non-pharmacologic (hashed boxes) treatments of Cushing’s syndrome.
Illustration produced using Servier Medical Art (available at http://www.servier.com).

SAMPLE ILLUSTRATION

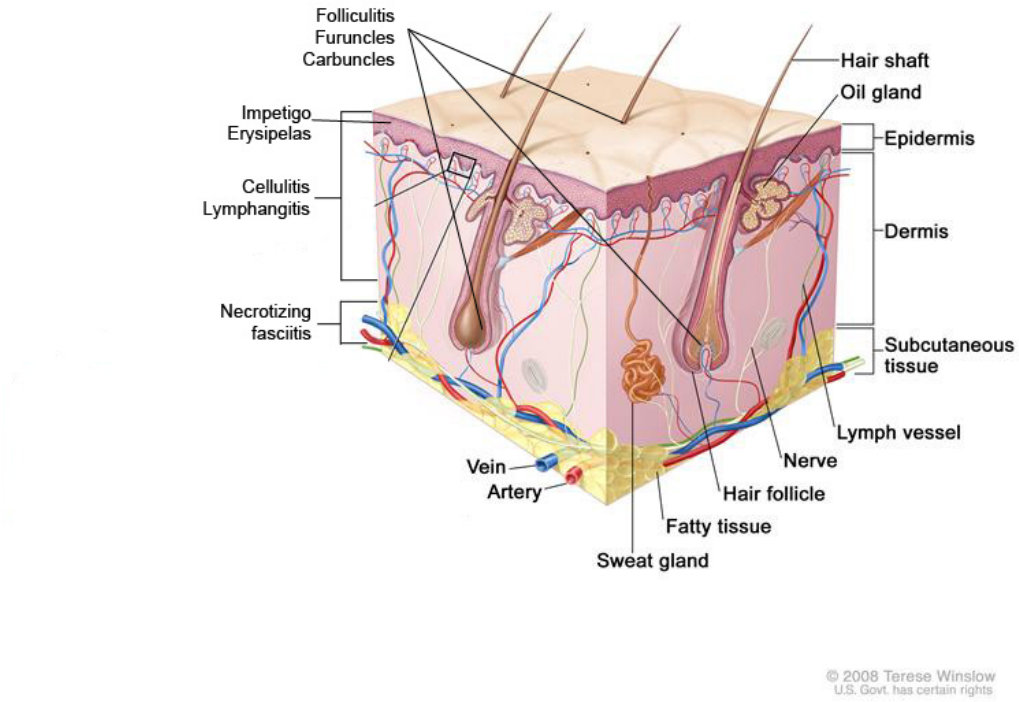

Figure 1. Skin structures.
Image from National Cancer Institute. Skin anatomy [homepage on the Internet].

SAMPLE PHOTO

Figure 2. Cutaneous abscess caused by methicillin-resistant *Staphylococcus aureus*.
Image from the Centers for Disease Control and Prevention. Methicillin-resistant *Staphylococcus aureus* (MRSA) infections [homepage on the Internet].