INSTRUCTIONAL AREA: HEALTH AND WELLNESS

WEST HILLS COLLEGE LEMOORE COURSE OUTLINE OF RECORD (COR)

FACUL	TY ORIGINATOR: Marleen Smart	
DATE:	3/17/2012	
	NEW COURSE PROPOSAL	COURSE REVISION
CHECK	LIST: (check all that apply)	
	Course Revision Form	
	New Course Proposal	
	Course Outline	
	Learning Resources Statement	
	Distance Education (DE) Addendum	
	Adopted Textbook Form	
	Form A Prerequisite	
	Form B Prerequisite	
	Form C Limitations on Enrollment	
MIS DA	ATA: (Administrative Use Only)	
	TOP Code: Click here to enter text.	
	Credit Status: Choose an item.	
	Basic Skills Status: Choose an item.	
	SAM Code: Choose an item.	
	Prior to College Level: Choose an item.	
	Noncredit Category:	
	Funding Agency Category:	
ROUTI	NG: (must be filled out prior to agenda submission)	
	Originating faculty: Marleen Smart	Date: 3/17/2012
	Comments: Click here to enter text.	
	Curriculum Representative: Leslie Catron	Date: 4/23/2012
	Comments: Click here to enter text.	
	Technical Review: Committee	Date: 4/18/2012
	Comments: Click here to enter text.	
	Chief Instructional Officer: Click here to enter text.	Date: Click here to enter a date
	Comments: Click here to enter text.	

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COURSE REVISION (use for existing courses only)

RULE OF SEVEN – There are seven cou	rse characteristics which require a	ipproval of the West Hills College Lemoor					
Curriculum Committee if the course is	$common \ to \ both \ colleges. \ \ Check$	any of the following characteristics that					
are being changed:							
Course Number							
Course Title							
Course Prefix							
Units	Units						
Transferability							
Prerequisite(s)							
Course Objectives							
OTHER CHANGES – check all that appl	y						
Five Year Review		Instructional Methodologies					
Grading Option		Cultural Pluralism					
Advisory/Prerequisite/Core	equisite	Textbook					
Catalog Description		Distance Education Addendum					
Course Objectives		Critical Thinking Assignments					
Course Content		Methods of Assessment					
LEARNING AREA APPROVAL							
	e curriculum have been discussed	with learning area faculty.					
		e., emails with header information,					
learning area minutes with		,					
-							
NEW COURSE PROPOSAL (use	e for new courses only)						
Total Units: 1.5	Semester Lecture Hrs:	Semester Lab Hrs: 81					
Transferability (attach evidence):	⊠csu	⊠uc					
	_	_					
New Major?	⊠Yes	□No					
If yes, state the new major:	EMT Paramedic						
Intended for Transfer?	∑Yes (complete next row)	□No					
☐ Transfer Elective	Transfer General Education	Transfer Major Requirement					
Associate Degree?		□No					
AA/AS Elective	AA/AS General Education	AA/AS Major Requirement					
,		<u></u>					
Certificate Program?	⊠Yes	□No					
If yes, state the certificate:	EMT Paramedic						

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Room Space Requirements: Simulation and skills lab

Staff Requirements: Qualified Paramedic staff 1:6 ratio

Equipment Requirements: Manikins , monitors, simulation equipment, Emergency medicine supplies

UNITS:	1.5 Semester Lecture Hrs: Semester Lab Hrs: 1.5			
Gradin	g (check all that apply): 🛛 minimum			
	pass 80%			
Repeat	·]No		
•	als Fee: \$ Material Description:	4		
· · · · · · · · · · · · · · · · · · ·	and rective material bescriptions			
1.	Course/Catalog Description			
	This course is the co requisite for Paramedic II and occurs in the skills lab or simulation	lah. The student		
	will practice and master skills that will allow the student to meet the clinical performan			
	the program. Practice and competency testing is the focus of this course and will includ	-		
	assessment, care of the medical patient, special populations' needs, trauma manageme			
	communication with EMS base station and medical director, implementing safety preci	autions for		
	hazardous materials exposure and manage the scene of an emergency.			
2.	Prerequisites (List course prefix, number, and title)	Not applicable		
	EMT 10 Paramedic I			
	EMT 11 Paramedic I Lab			
	EMT 51 Advanced Cardiac Life Support			
	EMT 12 Advanced Paramedic II			
	Health screening			
	Live scan background clearance			
3.	Corequisites (List course prefix, number, and title)	Not applicable		
	EMT 12 Advanced Paramedic II			
4.	Advisories (List course prefix, number, and title)	☐Not applicable		
	Math 63-Intermediate Algebra			
5.	Enrollment Limitations (Describe health/safety, audition, tryout, or cohort limitation)	☐Not applicable		
	Enrollment will be limited to 24 students.			
6.	Course Objectives (Number each objective; objectives must define the exit skills require	ed of students; use		
measurable objectives only; courses that allow repeatability must specify objectives for each time				
course can be repeated)				
	Upon completion of the course the student will be able to meet the following objectives.			
Integrate pathophysiological principles and assessment findings to formulate a field impre				
	and implement the treatment plan for the medical patient.			
	Integrate pathophysiological principles and assessment findings to formulate a	field impression		

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and implement the treatment plan for neonatal, pediatric, and geriatric patients, diverse patients, and chronically ill patients.

- 3. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for patients with common complaints.
- 4. Safely manage the scene of an emergency.
- 5. Safely manage a hazardous materials scene.
- 6. Understand standards and guidelines that help ensure safe and effective ground and air medical transport.
- 7. Integrate the principles of general incident management and multiple casualty incident (Mel) management

8.	Course Content Lecture (Use outline format with letters for differentiating major topics and numbers for
	subtopics; list major topics or lesson units; differentiate content of each level, when levels are assigned)

- 9. Course Content Lab (Use outline format with letters for differentiating major topics and numbers for subtopics; for courses with lab hours only)
 - A. Formulate a field impression and implement the treatment plan for the patient with a gastroenterologic problem.
 - B. Formulate a field impression and implement a treatment plan for the patient with a renal or urologic problem.
 - C. Formulate a field impression and implement a treatment plan for the patient with a toxic exposure.
 - D. Formulate a field impression and implement a treatment plan for a patient with a hematopoietic condition.
 - E. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with an environmentally induced or exacerbated medical or traumatic condition.
 - F. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a management plan for the patient with infectious and communicable diseases.
 - G. Describe and demonstrate safe, empathetic competence in caring for patients with behavioral emergencies.
 - H. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the trauma patient with hemorrhage, shock, head injury, spinal cord injuries, and musculoskletal injuries.
 - I. Utilize gynecological principles and assessment findings to formulate a field impression and implement the management plan for the patient experiencing a gynecological emergency.
 - J. Understand the anatomy and physiology of the female reproductive system to the assessment and management of a patient experiencing normal or abnormal labor.
 - K. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for neonatal, pediatric, and geriatric patients, diverse patients, and chronically ill patients
 - L. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for patients with common complaints.
 - M. Safely manage the scene of an emergency.
 - N. Understand standards and guidelines that help ensure safe and effective ground and air medical transport.

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- O. Integrate the principles of general incident management and multiple casualty incident (Mel) management
- 10. Methods of Instruction (Use outline format with letters for differentiating methods; list instructor initiated teaching and learning strategies)
 - A. Demonstration
 - B. Practice
 - C. Simulation
 - D. Anatomical models
 - E. Videos
- 11. Out-of- Class Assignments (Use outline format with letters for differentiating assignments; examples include, but are not limited to, mandatory field trips, applied field work, etc.)
- 12. Methods of Assessment (Use outline format with letters for differentiating major topics and numbers for subtopics; list measurements of student achievement, writing assignment, and/or proficiency demonstration)

Competency skills testing

13. Cultural Pluralism Assignments and Methodology (Describe specific instructor initiated examples examining aspects of culture, contributions and social experiences of underrepresented ethnic or racial groups in the U.S. or in the history and multicultural traditions of non-western societies; examples should be comparative among multiple social groups, and include analysis of concepts of ethnicity, ethnocentrism and racism, and how they shape and explain ethnic experience)

Cultural diversity is a thread that runs throughout the program. Students will encounter patients based on their need which will include a variety of cultural, ethnic and socioeconomic backgrounds when requiring emergency medical care.

14. Critical Thinking Assignments (Use detail and state in cognitive terms reasonable, reflective thinking that focuses on observational skills, self-awareness, reasoning skills, questioning skills, problem-solving skills, and presenting one's position on an issue or solution)

Students will need to identify appropriate interventions that are required upon abnormal assessment findings during simulation exercises. Students will have to learn to organize, delegate and prioritize care priorities and interventions when performing their patient care when in the field and this lab course will allow realistic situations requiring critical thinking.

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LEARNING RESOURCES STATEMENT (use for all courses)

oxtimes The Learning Resources collection has been reviewed by the faculty originator and the librarian.
The following resources are ADA compliant and currently available for course support:
☐ Books ☐ Reference Materials ☐ Media ☐ Electronic Resources
The following resources are recommended for purchase to further support the course:
☐ Books ☐ Reference Materials ☐ Media ☐ Electronic Resources
Include an itemized list of materials requested including source, title, ISBN, and/or other purchase information:

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TEXTBOOK FORM (use for all courses)

All **transfer-level courses** are required 1) to have **a primary text with a 12th grade or higher readability** and 2) be **no more than five years old**. Exceptions will be subject to Curriculum Committee approval. Secondary textbooks and other instructional materials are not restricted to specific readability levels or publication dates. All textbooks must have readability statistics attached.

ISBN/Website: 978-1-4496-3780-4

REQUIRED PRIMARY STUDENT TEXTBOOK(S) / MATERIAL(S)

Title: Emergency Care in the Streets Edition, Publication Year: 7th, 2013

Author(s) Last Name, First Name: Caroline, Nancy

Publisher: Jones and Bartlett Learning

Readability Level: 12.0

Readability Analysis:

Nancy Caroline's, Emergency Care in the Streets, 7th Ed.

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One aspect of negligence is whether there is "foreseeability." This concept implies that the injury, or harm, could have been predicted and therefore avoided if the proper precautions had been taken. For example, giving an incorrect dosage of a drug will foreseeable result in harm to a patient, just as running a red light while en route to a call may foreseeably result in a crash.

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In an adult, use of a straight blade requires great care; if used improperly and levered across the upper jaw, the straight blade is more likely to damage the patient's teeth. The curved laryngoscope blade is less likely to be levered against the teeth by an inexperienced paramedic. Figure 64. The direction of the curve conforms to that of the tongue and pharynx, so the blade follows the outline of the pharynx with relative ease. The tip of the curved blade is placed in the vallecula (the space between the epiglottis and the base of the tongue) rather than beneath the epiglottis; it indirectly lifts the epiglottis to expose the vocal cords. You should have curved and straight blades readily available during and orotracheal intubation attempt.

Orotrachel Intubation by Direct Laryngoscopy

Orotracheal intubation by direct laryngoscopy involves inserting an ET tube through the mouth and into the trachea while visualizing g the glottis opening with a laryngoscope; it is the most common method of performing ET intubation in the emergency setting. The indications and contraindications for ortracheal intubation include the following:

Indications

- Airway control needed as a result of coma, respiratory arrest, and/or cardiac arrest
- Ventilatory support before impending respiratory failure
- Prolonged ventilator support required
- Absence of a gag reflux
- Traumatic brain injury
- Unresponsiveness

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- Impending airway compromise (as in burns or trauma)
- Medication administration (as a last resort)

Contraindications

- An intact gag reflex
- Inability to open the patient's mouth because of traumatic dislocation of the jaw, or a pathological condition
- Inability to see the glottis opening
- Copious secretions, vomitus, or blood in the airways

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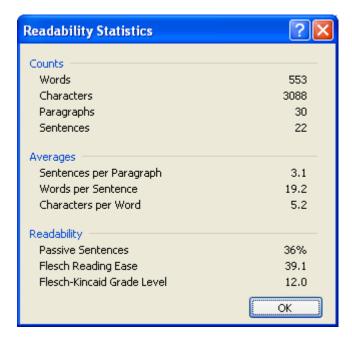
Endocrine disorders are caused by either hypersecretion or insufficient secretion of a gland. Hypersecretion presents as overactivity of the target organ regulated by the gland. Insufficient secretion results in underactivity of the organ controlled by the gland. Glucose metabolic derangements, or disorders, are caused by dysfunction of the pancreas, which impairs the body's ability to metabolize glucose.

The effects of a disturbance of the endocrine gland function are determined by the degree of dysfunction of the gland and by the age and sex of the patient. Pancreatic dysfunction may range from barely datable to extreme. Most glucose derangements and other clinically significant endocrine emergencies result in compromise of the ABCs, improper fluid balance, deteriorating mental status, and abnormal vital signs and blood glucose levels.

Diabetes Mellitus

Medically, the term diabetes refers to a metabolic disorder in which the body's ability to metabolize simple carbohydrates (glucose) is impaired. It is characterized by the following:

- -Polyphagia, an increased appetite caused by the inability of glucose to be transported across the cell membrane.
- -Polydipsia, a significant thirst caused by dehydration brought about by an increase in dieresis
- -Polyuria, the passage of large quantities of urine containing glucose. Excess glucose is excreted and attracts water, resulting in excessive diuresis.



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Course Outline of Record Approval

Title	Signature	Date
Originating Faculty		
Learning Area Curriculum Representative		
WHCL Articulation Officer (transfer courses	only)	
WHCL Chief Instructional Officer		
WHCL Curriculum Chair		
WHCCD Administrative Representative		
WHCCD Board of Trustees Approval (no signature required)		
WHCL Approval Verification:		
Print Name	Signature	 Date