



PARAMEDIC COURSE SYLLABUS – SPECIAL POPULATIONS EMSP2330

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Program Mission

The mission of the Brazosport College EMS Program is to exceed the standards of education by providing quality programs that graduate compassionate, clinically competent, and technically proficient entry-level EMS providers.

Program Educational Objectives

The educational objectives of the program are to prepare students to:

- Comprehend, apply, and evaluate information relative to the role of an entry-level paramedic.
 - Demonstrate technical proficiency in all skills necessary to fulfil the role of an entry-level paramedic.
 - Demonstrate personal behaviors consistent with professional and employer expectations of an entry-level paramedic.
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Expected Learning Outcomes

Graduates of the program will demonstrate:

- An ability to understand, interpret, and apply EMS and general medical knowledge necessary to function in a healthcare setting.
- An ability to perform a wide range of paramedic level EMS pre-hospital skills, both difficult and routine.
- An ability to conduct oneself in an ethical and professional manner and show proficiency in interpersonal relations and communication.

Course Information:	EMSP 2330 Special Populations Credit 3 Lecture 3 Lab 2 Contact 80 CIP 51.0904
Term:	Spring 2022
Course Meeting Days and Times:	Tuesday 8am to 5pm Hybrid

Contact Information:	
Program Director:	Lara Hardy
Contact Information:	Office HS-100C – (979) 230-3432 Personal – (979) 248-3080 Email – Lara.Hardy@brazosport.edu Campus Hours – Monday through Thursday 8am to 5pm – Meeting by Appointment
Instructor/Clinical Coordinator:	Lara Hardy
Email is the primary source of communication to express a concern or personal matter related to the course. All students must use their designated Brazosport College email to communicate with the program director, course instructor, or clinical coordinator.	

Course Description:

Knowledge and skills necessary to assess and manage ill or injured patients in diverse populations to include neonatology, pediatrics, geriatrics, and other related topics.

Terminal Course Objectives:

At the end of this course, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the neonatal patient ⁶⁻¹, pediatric patient ⁶⁻², geriatric patient ⁶⁻³, patient who has sustained abuse or assault ⁶⁻⁴, diverse patients and those who face physical, mental, social and financial challenges ⁶⁻⁵, and chronic care patient ⁶⁻⁶ consistent with the course objectives.

Course Textbooks:

- ISBN: 9781284457025

Emergency Care in the Streets 8th E, Volume 1 and 2 – Jones and Bartlett

Required course materials are available at the Brazosport College bookstore, on campus or online, at <http://www.brazosport.edu/bookstore>. Student is not under any obligation to purchase a textbook from the college bookstore. The same textbook is/may also be available from an independent retailer, including an online retailer.

Course Prerequisites:

- Proof of current EMT certification from DSHS prior to beginning and throughout the Paramedic Program (to include clinical and field rotations) – AND –
 - Completion of AEMT Course (to include EMSP1261, EMSP1355, EMSP1356, and EMSP1438) with a course grade of a C or better – OR –
 - Proof of current AEMT certification from DSHS or current EMT-I/AEMT certification from National Registry prior to beginning and throughout the Paramedic Program (to include clinical and field rotations) – AND –
 - Completion of Fisdap Advanced EMT Comprehensive Exam with a minimum score of 67% (Fisdap National Average) – AND –
 - Completion of EMSP 2206, EMSP 2305 and EMSP 2444
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Course Co-Requisites:

- EMSP 2135, EMSP 2143, EMSP 2434, EMSP 2161, AND EMSP 2265
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Insurance

Liability insurance is required and is provided by program. Liability insurance covers students participating in assigned program clinical experiences. Liability insurance is not personal health, accident, or life insurance policy. Coverage is voided if students violate scope of practice. Students are required to have personal health insurance. Brazosport College and affiliated clinical sites are not responsible for medical expenses incurred while participating in any college class or clinical experience.

Individual Course Completion Requirements:

Successful course completion requires adherence to course policies, maintaining a course average of 80% with a minimum score of 70% on each in-class examination, and successfully demonstrating all required skills. Failure to do so will result in unsuccessful course completion regardless of the student's overall average and will prohibit the student from registering for the second semester.

A score of less than 70% on any Exam requires the student to retest. Student will be allowed one retest per course excluding the Final Exam. Any exemptions to this rule must be approved by the Program Director and/or Medical Director.

Student must demonstrate professionalism, conscientiousness, and interest in learning in the class and clinical setting. The affective domain is a decisive factor to be considered for course completion and will be determined as either Pass (score 10) or Fail (score 0).

Student must demonstrate competency and pass the required Psychomotor Exams. Two testing opportunities will be allowed to pass each skill. Mandatory remedial training is required before attempting to retest.

Student attendance is required at all scheduled classes. Student will not be eligible to complete the course, regardless of course average, if absences meet or exceed 10% of the required classroom training hours. Prompt arrival is expected at all class activities. Excused absences may be granted by the course instructor for extenuating circumstances. If consecutive absences occur for any reason, the status of the student will be reviewed to determine a disposition.

Overall Paramedic Course Completion Requirements:

EMSP2330 is one of several courses necessary for overall completion. Student will not be eligible to complete the Paramedic course if the individual course requirements are not met.

Successful overall completion qualifies candidates to take the National Registry cognitive and psychomotor examination required for Paramedic Certification and subsequent Licensure by the Texas Department of State Health Services (DSHS).

Teaching-Learning Methods:

Teaching-learning methods in this course may include (but are not limited to) lecture, demonstration, presentations, discussion, assigned readings, critical thinking exercises, practical exercises, and simulation. Evaluation procedures include participation, assignments, quizzes, written examinations, and practical examinations.

Course Grading and Grading Scale:

It is the responsibility of the student to keep track of assignment submissions and grades. The student must schedule an appointment with the Program Director to discuss academic progress.

Grading is objective and includes affective ability. Active participation, individual and teamwork, is expected and will be recognized/graded accordingly. All coursework, major exams, special projects, and practical tests will be given with prior notice and will be weighted as part of the final average. Any assignment submitted after the due date will not be accepted.

<u>Category</u>	<u>Percentage</u>	<u>Total</u>
Affective Ability	10%	
Discussion	20%	
Quizzes	20%	
Exam Midterm	25%	
Exam Final	25%	100%

90-100%	A	
80-89%	B	
79-79%	C – Not Passing	Ineligible for Clinical
60-69%	D – Not Passing	Ineligible for Clinical
Below 60%	F – Not Passing	Ineligible for Clinical
Withdrawal	W	Ineligible for Clinical
Incomplete	I – Incomplete*	

W – Withdrawal: Students are encouraged to consult the Program Director before withdrawing from the course. Withdrawing from this course will affect overall completion necessary for paramedic graduation. Students must withdraw before the official withdrawal date outlined in the Brazosport College Course Catalog. Failure to complete the drop/withdrawal process will result in a failing grade.

I – Incomplete: An Incomplete grade will be submitted if the student has completed and passed a minimum of 75% of the required coursework AND the conditions for completion have been outlined by the instructor and accepted by the student.

Comportment:

Students are expected to conduct themselves in accordance with the professional expectations for EMTs at all times. Students are reminded that they are representatives of the Brazosport College EMS Program whenever and wherever they are involved with course-related activities. Professional conduct is essential to a successful course experience and EMS career.

Students will wear adhere to the uniform policy at all times while participating in course activities. This includes but is not limited to classroom and clinical participation.

Cell phones are to be accessed in emergency cases only. The use of laptops or any other electronic device is strictly prohibited. Computers and printers are available to Brazosport College students in the library. Therefore, not having access to a computer or computer-related technical issues will not be considered as an acceptable reason for not completing an assignment. All assignments must be in Microsoft Word format and submitted electronically.

Academic Dishonesty:

Academic dishonesty violates both the policies of the Brazosport College EMS Program and the Student Code of Conduct. Brazosport College assumes that students eligible to perform on the college level are familiar with the ordinary rules governing proper conduct including academic honesty. The principle of academic honesty is that all work presented by you is yours alone. Academic dishonesty (including, but not limited to, cheating, plagiarism, and collusion) shall be treated appropriately. Please refer to the Brazosport College Student Guide for more information online at <http://www.brazosport.edu>.

Academic dishonesty violates both the policies of this course and the Student Code of Conduct. In this course, any occurrence of academic dishonesty will be referred to the Dean of Student Services for prompt adjudication and may, at a minimum, result in course failure. Sanctions may be imposed beyond your grade in this course by the Dean of Student Services.

Title IX

Brazosport College faculty and staff are committed to supporting students and upholding the College District's non-discrimination policy. Under Title IX and Brazosport College's policy FFDA (Local), discrimination based on sex, gender, sexual orientation, gender identity, and gender expression is prohibited. If you experience an incident of discrimination, we encourage you to report it. While you may talk to a faculty or staff member at BC, please understand that they are "Responsible Employees" and must report what you tell them to college officials. You can also contact the Title IX Coordinators

directly by using the contact information below. Additional information is found on the Sexual Misconduct webpage at www.brazosport.edu/sexualmisconduct.

Mareille Rolon, HR Coordinator and Title IX Coordinator

Office C-114; 979-230-3303; mareille.rolon@brazosport.edu

Students with Disabilities:

Brazosport College is committed to providing equal education opportunities to every student.

Brazosport College offers services for individuals with special needs and capabilities including counseling, tutoring, equipment, and software to assist students with special needs. For student to receive any accommodation, documentation must be completed in the Office of Disability Services. Please contact Phil Robertson, Special Populations Counselor, at 979-230-3236 for further information.

While the Brazosport College EMS Program assures that everyone is afforded equal opportunity during the application and instructional processes, you should be aware that you must be able to successfully complete ALL of the program requirements, either with or without reasonable accommodations.

COVID-19:

At Brazosport College, all of us (including faculty, staff, and students), share a common goal this fall semester, to keep our classes running in the safest manner possible and avoid any disruption to your progress in achieving your educational and career goals. To that end, we ask and encourage you to conduct yourself in the following manner while on campus this semester:

- Every day, perform a self-health check prior to coming to campus and stay home if sick.
- To the greatest extent possible, maintain your distance between you and other students, faculty, and staff while on campus.
- Wear a properly fitted face covering over your mouth and nose while indoors on campus. If you do not have a mask, they will be available to you in all classrooms this fall.
- Practice good hygiene, washing your hands regularly and/or using hand sanitizer.
- The most effective way to protect yourself from Covid-19 is through vaccination. The vaccine is readily available and at no cost to you. Vaccine information and availability can be found at <https://brazosport.edu/coronavirus/vaccine/>.

If at any time this semester you begin to experience Covid symptoms, or if you are exposed to someone who has tested positive for Covid-19, please take the following steps:

- Stay home if you're feeling sick and minimize your contact with others.
- Alert the College by completing the Covid-19 Exposure Report Form online at <https://brazosport.edu/coronavirus/report/>. Be sure to provide accurate contact information, including a working phone number that you will answer.
- After submitting the report, you will be promptly contacted by a member of our Rapid Response Team, who will ask you some specific questions about your situation and provide you with guidance moving forward.
- If it is determined that you should not come to class, your instructor will be notified. **Please know that your instructor will consider course adjustments and potential make-up work only if your case has been reported to Brazosport College, and they've been notified by our response team.**
Your instructor will work with you to determine how to manage any make-up work.

While walk-ins are available, your visit will be easier if you pre-register by creating an account at www.mychn.org. In addition to providing health and behavioral services, CHN also provides COVID vaccinations and testing. All insurance is accepted and healthcare is provided on a sliding scale including no cost for those who need it.

Throughout the semester, please regularly check the College's Covid-19 information page at <https://brazosport.edu/coronavirus/>, where the latest updates and guidelines will be posted. As members of the BC community, all of us share a responsibility to each other to be as safe as possible.

Course Schedule:

The course schedule is attached. The course schedule is tentative and subject to change in any part at the discretion of the instructor with approval from the Program Director. In the event of change, students will be notified in a timely manner.

Course Objectives:

1. Neonatology ⁶⁻¹

Cognitive Objectives

- 6-1.2 Define the term newborn.(C-1)
- 6-1.3 Define the term neonate. (C-1)
- 6-1.4 Identify important antepartum factors that can affect childbirth. (C-1)
- 6-1.5 Identify important intrapartum factors that can term the newborn high risk. (C-1)
- 6-1.6 Identify the factors that lead to premature birth and low birth weight newborns. (C-1)
- 6-1.7 Distinguish between primary and secondary apnea. (C-3)
- 6-1.8 Discuss pulmonary perfusion and asphyxia. (C-1)
- 6-1.9 Identify the primary signs utilized for evaluating a newborn during resuscitation. (C-1)
- 6-1.10 Formulate an appropriate treatment plan for providing initial care to a newborn. (C-3)
- 6-1.11 Identify the appropriate use of the APGAR score in caring for a newborn.(C-1)
- 6-1.12 Calculate the APGAR score given various newborn situations. (C-3)
- 6-1.13 Determine when ventilatory assistance is appropriate for a newborn. (C-1)
- 6-1.14 Prepare appropriate ventilation equipment, adjuncts and technique for a newborn. (C-1)
- 6-1.15 Determine when chest compressions are appropriate for a newborn. (C-1)
- 6-1.16 Discuss appropriate chest compression techniques for a newborn. (C-1)
- 6-1.17 Assess patient improvement due to chest compressions and ventilations. (C-1)
- 6-1.18 Determine when endotracheal intubation is appropriate for a newborn. (C-1)
- 6-1.19 Discuss appropriate endotracheal intubation techniques for a newborn. (C-1)
- 6-1.20 Assess patient improvement due to endotracheal intubation. (C-1)
- 6-1.21 Identify complications related to endotracheal intubation for a newborn. (C-1)
- 6-1.22 Determine when vascular access is indicated for a newborn. (C-1)
- 6-1.23 Discuss the routes of medication administration for a newborn. (C-1)
- 6-1.24 Determine when blow-by oxygen delivery is appropriate for a newborn. (C-1)
- 6-1.25 Discuss appropriate blow-by oxygen delivery devices and technique for a newborn. (C-1)
- 6-1.26 Assess patient improvement due to assisted ventilations. (C-1)
- 6-1.27 Determine when an orogastric tube should be inserted during positive-pressure ventilation. (C-1)
- 6-1.28 Discuss the signs of hypovolemia in a newborn. (C-1)
- 6-1.29 Discuss the initial steps in resuscitation of a newborn. (C-1)
- 6-1.30 Assess patient improvement due to blow-by oxygen delivery. (C-1)
- 6-1.31 Discuss the effects maternal narcotic usage has on the newborn. (C-1)
- 6-1.32 Determine the appropriate treatment for the newborn with narcotic depression. (C-1)
- 6-1.33 Discuss appropriate transport guidelines for a newborn. (C-1)
- 6-1.34 Determine appropriate receiving facilities for low and high risk newborns. (C-1)
- 6-1.35 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for meconium aspiration. (C-1)
- 6-1.36 Discuss the pathophysiology of meconium aspiration. (C-1)
- 6-1.37 Discuss the assessment findings associated with meconium aspiration. (C-1)
- 6-1.38 Discuss the management/ treatment plan for meconium aspiration. (C-1)
- 6-1.39 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for apnea in the neonate. (C-1)
- 6-1.40 Discuss the pathophysiology of apnea in the neonate. (C-1)
- 6-1.41 Discuss the assessment findings associated with apnea in the neonate. (C-1)

- 6-1.42 Discuss the management/ treatment plan for apnea in the neonate. (C-1) 6-1.43 Describe the epidemiology, pathophysiology, assessment findings, management/ treatment plan for diaphragmatic hernia. (C-1)
- 6-1.44 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for bradycardia in the neonate. (C-1)
- 6-1.45 Discuss the pathophysiology of bradycardia in the neonate. (C-1)
- 6-1.46 Discuss the assessment findings associated with bradycardia in the neonate. (C-1)
- 6-1.47 Discuss the management/ treatment plan for bradycardia in the neonate. (C-1)
- 6-1.48 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for premature infants
- 6-1.49 Discuss the pathophysiology of premature infants. (C-1)
- 6-1.50 Discuss the assessment findings associated with premature infants. (C-1)
- 6-1.51 Discuss the management/ treatment plan for premature infants. (C-1)
- 6-1.52 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for respiratory distress/ cyanosis in the neonate. (C-1)
- 6-1.53 Discuss the pathophysiology of respiratory distress/ cyanosis in the neonate. (C-1)
- 6-1.54 Discuss the assessment findings associated with respiratory distress/ cyanosis in the neonate. (C-1)
- 6-1.55 Discuss the management/ treatment plan for respiratory distress/ cyanosis in the neonate. (C-1)
- 6-1.56 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for seizures in the neonate. (C-1)
- 6-1.57 Discuss the pathophysiology of seizures in the neonate. (C-1)
- 6-1.58 Discuss the assessment findings associated with seizures in the neonate. (C-1)
- 6-1.59 Discuss the management/ treatment plan for seizures in the neonate. (C-1)
- 6-1.60 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for fever in the neonate. (C-1)
- 6-1.61 Discuss the pathophysiology of fever in the neonate. (C-1)
- 6-1.62 Discuss the assessment findings associated with fever in the neonate. (C-1)
- 6-1.63 Discuss the management/ treatment plan for fever in the neonate. (C-1)
- 6-1.64 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for hypothermia in the neonate. (C-1)
- 6-1.65 Discuss the pathophysiology of hypothermia in the neonate. (C-1)
- 6-1.66 Discuss the assessment findings associated with hypothermia in the neonate. (C-1)
- 6-1.67 Discuss the management/ treatment plan for hypothermia in the neonate. (C-1)
- 6-1.68 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for hypoglycemia in the neonate. (C-1)
- 6-1.69 Discuss the pathophysiology of hypoglycemia in the neonate. (C-1)
- 6-1.70 Discuss the assessment findings associated with hypoglycemia in the neonate. (C-1)
- 6-1.71 Discuss the management/ treatment plan for hypoglycemia in the neonate. (C-1)
- 6-1.72 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for vomiting in the neonate (C-1)
- 6-1.73 Discuss the pathophysiology of vomiting in the neonate. (C-1)
- 6-1.74 Discuss the assessment findings associated with vomiting in the neonate. (C-1)
- 6-1.75 Discuss the management/ treatment plan for vomiting in the neonate. (C-1)
- 6-1.76 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for diarrhea in the neonate. (C-1)
- 6-1.77 Discuss the pathophysiology of in diarrhea the neonate. (C-1)
- 6-1.78 Discuss the assessment findings associated with diarrhea in the neonate. (C-1)
- 6-1.79 Discuss the management/ treatment plan for diarrhea in the neonate. (C-1)
- 6-1.80 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for common birth injuries in the neonate. (C-1)
- 6-1.81 Discuss the pathophysiology of common birth injuries in the neonate. (C-1)
- 6-1.82 Discuss the assessment findings associated with common birth injuries in the neonate. (C-1)
- 6-1.83 Discuss the management/ treatment plan for common birth injuries in the neonate. (C-1)

- 6-1.84 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for cardiac arrest in the neonate. (C-1)
- 6-1.85 Discuss the pathophysiology of cardiac arrest in the neonate. (C-1)
- 6-1.86 Discuss the assessment findings associated with cardiac arrest in the neonate. (C-1)
- 6-1.87 Discuss the management/ treatment plan for cardiac arrest in the neonate. (C-1)
- 6-1.88 Discuss the pathophysiology of post arrest management of the neonate. (C-1)
- 6-1.89 Discuss the assessment findings associated with post arrest situations in the neonate. (C-1)
- 6-1.90 Discuss the management/ treatment plan to stabilize the post arrest neonate. (C-1)

Affective Objectives

- 6-1.91 Demonstrate and advocate appropriate interaction with a newborn/ neonate that conveys respect for their position in life. (A-3)
- 6-1.92 Recognize the emotional impact of newborn/ neonate injuries/ illnesses on parents/ guardians. (A-1)
- 6-1.93 Recognize and appreciate the physical and emotional difficulties associated with separation of the parent/ guardian and a newborn/ neonate. (A-3)
- 6-1.94 Listen to the concerns expressed by parents/ guardians. (A-1)
- 6-1.95 Attend to the need for reassurance, empathy and compassion for the parent/ guardian. (A-1)

Psychomotor Objectives

N/A None Identified for this unit

2. Pediatrics ⁶⁻²

Cognitive Objectives

- 6-2.2 Discuss the paramedic's role in the reduction of infant and childhood morbidity and mortality from acute illness and injury. (C-1)
- 6-2.3 Identify methods/ mechanisms that prevent injuries to infants and children. (C-1)
- 6-2.4 Describe Emergency Medical Services for Children (EMSC). (C-1)
- 6-2.5 Discuss how an integrated EMSC system can affect patient outcome. (C-2)
- 6-2.6 Identify key growth and developmental characteristics of infants and children and their implications. (C-2)
- 6-2.7 Identify key anatomical and physiological characteristics of infants and children and their implications. (C-2)
- 6-2.8 Describe techniques for successful assessment of infants and children. (C-1)
- 6-2.9 Describe techniques for successful treatment of infants and children. (C-1)
- 6-2.10 Identify the common responses of families to acute illness and injury of an infant or child. (C-1)
- 6-2.11 Describe techniques for successful interaction with families of acutely ill or injured infants and children. (C-1)
- 6-2.12 Outline differences in adult and childhood anatomy and physiology. (C-3)
- 6-2.13 Identify "normal" age group related vital signs. (C-1)
- 6-2.14 Discuss the appropriate equipment utilized to obtain pediatric vital signs. (C-1)
- 6-2.15 Determine appropriate airway adjuncts for infants and children. (C-1)
- 6-2.16 Discuss complications of improper utilization of airway adjuncts with infants and children. (C-1)
- 6-2.17 Discuss appropriate ventilation devices for infants and children. (C-1)
- 6-2.18 Discuss complications of improper utilization of ventilation devices with infants and children. (C-1)
- 6-2.19 Discuss appropriate endotracheal intubation equipment for infants and children. (C-1)
- 6-2.20 Identify complications of improper endotracheal intubation procedure in infants and children. (C-1)
- 6-2.21 List the indications and methods for gastric decompression for infants and children. (C-1)
- 6-2.22 Define respiratory distress. (C-1)
- 6-2.23 Define respiratory failure. (C-1)
- 6-2.24 Define respiratory arrest. (C-1)
- 6-2.25 Differentiate between upper airway obstruction and lower airway disease. (C-3)
- 6-2.26 Describe the general approach to the treatment of children with respiratory distress, failure, or arrest from upper airway obstruction or lower airway disease. (C-3)
- 6-2.27 Discuss the common causes of hypoperfusion in infants and children. (C-1)

- 6-2.28 Evaluate the severity of hypoperfusion in infants and children. (C-3)
- 6-2.29 Identify the major classifications of pediatric cardiac rhythms. (C-1)
- 6-2.30 Discuss the primary etiologies of cardiopulmonary arrest in infants and children. (C-1)
- 6-2.31 Discuss age appropriate vascular access sites for infants and children. (C-1)
- 6-2.32 Discuss the appropriate equipment for vascular access in infants and children. (C-1)
- 6-2.33 Identify complications of vascular access for infants and children. (C-1)
- 6-2.34 Describe the primary etiologies of altered level of consciousness in infants and children. (C-1)
- 6-2.35 Identify common lethal mechanisms of injury in infants and children. (C-1)
- 6-2.36 Discuss anatomical features of children that predispose or protect them from certain injuries. (C-1)
- 6-2.37 Describe aspects of infant and children airway management that are affected by potential cervical spine injury. (C-1)
- 6-2.38 Identify infant and child trauma patients who require spinal immobilization. (C-1)
- 6-2.39 Discuss fluid management and shock treatment for infant and child trauma patient. (C-1)
- 6-2.40 Determine when pain management and sedation are appropriate for infants and children. (C-1)
- 6-2.41 Define child abuse. (C-1)
- 6-2.42 Define child neglect. (C-1)
- 6-2.43 Define sudden infant death syndrome (SIDS). (C-1)
- 6-2.44 Discuss the parent/ caregiver responses to the death of an infant or child. (C-1)
- 6-2.45 Define children with special health care needs. (C-1)
- 6-2.46 Define technology assisted children. (C-1)
- 6-2.47 Discuss basic cardiac life support (CPR) guidelines for infants and children. (C-1)
- 6-2.48 Identify appropriate parameters for performing infant and child CPR. (C-1)
- 6-2.49 Integrate advanced life support skills with basic cardiac life support for infants and children. (C-3)
- 6-2.50 Discuss the indications, dosage, route of administration and special considerations for medication administration in infants and children. (C-1)
- 6-2.51 Discuss appropriate transport guidelines for infants and children. (C-1)
- 6-2.52 Discuss appropriate receiving facilities for low and high risk infants and children. (C-1)
- 6-2.53 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for respiratory distress/ failure in infants and children. (C-1)
- 6-2.54 Discuss the pathophysiology of respiratory distress/ failure in infants and children. (C-1)
- 6-2.55 Discuss the assessment findings associated with respiratory distress/ failure in infants and children. (C-1)
- 6-2.56 Discuss the management/ treatment plan for respiratory distress/ failure in infants and children. (C-1)
- 6-2.57 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for hypoperfusion in infants and children. (C-1)
- 6-2.58 Discuss the pathophysiology of hypoperfusion in infants and children. (C-1)
- 6-2.59 Discuss the assessment findings associated with hypoperfusion in infants and children. (C-1)
- 6-2.60 Discuss the management/ treatment plan for hypoperfusion in infants and children. (C-1)
- 6-2.61 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for cardiac dysrhythmias in infants and children. (C-1)
- 6-2.62 Discuss the pathophysiology of cardiac dysrhythmias in infants and children. (C-1)
- 6-2.63 Discuss the assessment findings associated with cardiac dysrhythmias in infants and children. (C-1)
- 6-2.64 Discuss the management/ treatment plan for cardiac dysrhythmias in infants and children. (C-1)
- 6-2.65 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for neurological emergencies in infants and children. (C-1)
- 6-2.66 Discuss the pathophysiology of neurological emergencies in infants and children. (C-1)
- 6-2.67 Discuss the assessment findings associated with neurological emergencies in infants and children. (C-1)
- 6-2.68 Discuss the management/ treatment plan for neurological emergencies in infants and children. (C-1)
- 6-2.69 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for trauma in infants and children. (C-1)
- 6-2.70 Discuss the pathophysiology of trauma in infants and children. (C-1)
- 6-2.71 Discuss the assessment findings associated with trauma in infants and children. (C-1)
- 6-2.72 Discuss the management/ treatment plan for trauma in infants and children. (C-1)

- 6-2.73 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for abuse and neglect in infants and children. (C-1)
- 6-2.74 Discuss the pathophysiology of abuse and neglect in infants and children. (C-1)
- 6-2.75 Discuss the assessment findings associated with abuse and neglect in infants and children. (C-1)
- 6-2.76 Discuss the management/ treatment plan for abuse and neglect in infants and children, including documentation and reporting. (C-1)
- 6-2.77 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for SIDS infants. (C-1)
- 6-2.78 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for children with special health care needs including technology assisted children. (C-1)
- 6-2.79 Discuss the pathophysiology of children with special health care needs including technology assisted children. (C-1)
- 6-2.80 Discuss the assessment findings associated for children with special health care needs including technology assisted children. (C-1)
- 6-2.81 Discuss the management/ treatment plan for children with special health care needs including technology assisted children. (C-1)
- 6-2.82 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for SIDS infants. (C-1)
- 6-2.83 Discuss the pathophysiology of SIDS in infants. (C-1)
- 6-2.84 Discuss the assessment findings associated with SIDS infants. (C-1)
- 6-2.85 Discuss the management/ treatment plan for SIDS in infants. (C-1)

Affective Objectives

- 6-2.86 Demonstrate and advocate appropriate interactions with the infant/ child that convey an understanding of their developmental stage. (A-3)
- 6-2.87 Recognize the emotional dependence of the infant/ child to their parent/ guardian. (A-1)
- 6-2.88 Recognize the emotional impact of the infant/ child injuries and illnesses on the parent/ guardian. (A-1)
- 6-2.89 Recognize and appreciate the physical and emotional difficulties associated with separation of the parent/ guardian of a special needs child (A-3)
- 6-2.90 Demonstrate the ability to provide reassurance, empathy and compassion for the parent/guardian. (A-1)

Psychomotor Objectives

- 6-2.91 Demonstrate the appropriate approach for treating infants and children. (P-2)
- 6-2.92 Demonstrate appropriate intervention techniques with families of acutely ill or injured infants and children. (P-2)
- 6-2.93 Demonstrate an appropriate assessment for different developmental age groups. (P-2)
- 6-2.94 Demonstrate an appropriate technique for measuring pediatric vital signs. (P-2)
- 6-2.95 Demonstrate the use of a length-based resuscitation device for determining equipment sizes, drug doses and other pertinent information for a pediatric patient. (P-2)
- 6-2.96 Demonstrate the appropriate approach for treating infants and children with respiratory distress, failure, and arrest. (P-2)
- 6-2.97 Demonstrate proper technique for administering blow-by oxygen to infants and children. (P-2)
- 6-2.98 Demonstrate the proper utilization of a pediatric non-rebreather oxygen mask. (P-2)
- 6-2.99 Demonstrate proper technique for suctioning of infants and children. (P-2)
- 6-2.100 Demonstrate appropriate use of airway adjuncts with infants and children. (P-2)
- 6-2.101 Demonstrate appropriate use of ventilation devices for infants and children. (P-2)
- 6-2.102 Demonstrate endotracheal intubation procedures in infants and children. (P-2)
- 6-2.103 Demonstrate appropriate treatment/ management of intubation complications for infants and children. (P-2)
- 6-2.104 Demonstrate appropriate needle cricothyroidotomy in infants and children. (P-2)
- 6-2.105 Demonstrate proper placement of a gastric tube in infants and children. (P-2)
- 6-2.106 Demonstrate an appropriate technique for insertion of peripheral intravenous catheters for infants and children. (P-2)

- 6-2.107 Demonstrate an appropriate technique for administration of intramuscular, inhalation, subcutaneous, rectal, endotracheal and oral medication for infants and children. (P-2)
- 6-2.108 Demonstrate an appropriate technique for insertion of an intraosseous line for infants/children. (P-2)
- 6-2.109 Demonstrate appropriate interventions for infants and children with a partially obstructed airway. (P-2)
- 6-2.110 Demonstrate age appropriate basic airway clearing maneuvers for infants and children with a completely obstructed airway. (P-2)
- 6-2.111 Demonstrate proper technique for direct laryngoscopy and foreign body retrieval in infants and children with a completely obstructed airway. (P-2)
- 6-2.112 Demonstrate appropriate airway and breathing control maneuvers for infant and child trauma patients. (P-2)
- 6-2.113 Demonstrate appropriate treatment of infants and children requiring advanced airway and breathing control. (P-2)
- 6-2.114 Demonstrate appropriate immobilization techniques for infant and child trauma patients. (P-2)
- 6-2.115 Demonstrate treatment of infants and children with head injuries. (P-2)
- 6-2.116 Demonstrate appropriate treatment of infants and children with chest injuries. (P-2)
- 6-2.117 Demonstrate appropriate treatment of infants and children with abdominal injuries. (P-2)
- 6-2.118 Demonstrate appropriate treatment of infants and children with extremity injuries. (P-2)
- 6-2.119 Demonstrate appropriate treatment of infants and children with burns. (P-2)
- 6-2.120 Demonstrate appropriate parent/ caregiver interviewing techniques for infant and child death situations.(P-2)
- 6-2.121 Demonstrate proper infant CPR. (P-2)
- 6-2.122 Demonstrate proper child CPR. (P-2)
- 6-2.123 Demonstrate proper techniques for performing infant and child defibrillation and synchronized cardioversion.(P-2)

3. Geriatrics ⁶⁻³

Cognitive Objectives

- 6-3.1 Discuss population demographics demonstrating the rise in elderly population in the U.S. (C-1)
- 6-3.2 Discuss society's view of aging and the social, financial, and ethical issues facing the elderly. (C-1)
- 6-3.3 Assess the various living environments of elderly patients. (C-3)
- 6-3.4 Describe the local resources available to assist the elderly and create strategies to refer at risk patients to appropriate community services. (C-3)
- 6-3.5 Discuss issues facing society concerning the elderly. (C-1)
- 6-3.6 Discuss common emotional/psychological reactions to aging to include causes and manifestations.(C-1)
- 6-3.7 Apply the pathophysiology of multi-system failure to the assessment and management of medical conditions in the elderly patient. (C-2)
- 6-3.8 Discuss the problems with mobility in the elderly and develop strategies to prevent falls. (C-1)
- 6-3.9 Discuss the implications of problems with sensation to communication and patient assessment. (C-2)
- 6-3.10 Discuss the problems with continence and elimination and develop communication strategies to provide psychological support. (C-3)
- 6-3.11 Discuss factors that may complicate the assessment of the elderly patient. (C-1)
- 6-3.12 Describe principles that should be employed when assessing and communicating with the elderly. (C-1)
- 6-3.13 Compare the assessment of a young patient with that of an elderly patient. (C-3)
- 6-3.14 Discuss common complaints of elderly patients. (C-1)
- 6-3.15 Compare the pharmacokinetics of an elderly patient to that of a young adult. (C-3).
- 6-3.16 Discuss the impact of polypharmacy and medication non-compliance on patient assessment and management. (C-1)
- 6-3.17 Discuss drug distribution, metabolism, and excretion in the elderly patient. (C-1)
- 6-3.18 Discuss medication issues of the elderly including polypharmacy, dosing errors and increased drug sensitivity. (C-1)
- 6-3.19 Discuss the use and effects of commonly prescribed drugs for the elderly patient. (C-1)
- 6-3.20 Discuss the normal and abnormal changes with age of the pulmonary system. (C-1)

- 6-3.21 Describe the epidemiology of pulmonary diseases in the elderly, including incidence, morbidity/mortality, risk factors, and prevention strategies for patients with pneumonia, chronic obstructive pulmonary diseases and pulmonary embolism. (C-1)
- 6-3.22 Compare and contrast the pathophysiology of pulmonary diseases in the elderly with that of a younger adult, including pneumonia, chronic obstructive pulmonary diseases, and pulmonary embolism. (C-3)
- 6-3.23 Discuss the assessment of the elderly patient with pulmonary complaints, including pneumonia, chronic obstructive pulmonary diseases, and pulmonary embolism. (C-1)
- 6-3.24 Identify the need for intervention and transport of the elderly patient with pulmonary complaints. (C-1)
- 6-3.25 Develop a treatment and management plan of the elderly patient with pulmonary complaints, including pneumonia, chronic obstructive pulmonary diseases, and pulmonary embolism. (C-3)
- 6-3.26 Discuss the normal and abnormal cardiovascular system changes with age. (C-1)
- 6-3.27 Describe the epidemiology for cardiovascular diseases in the elderly, including incidence, morbidity/mortality, risk factors, and prevention strategies for patients with myocardial infarction, heart failure, dysrhythmias, aneurism, and hypertension. (C-1)
- 6-3.28 Compare and contrast the pathophysiology of cardiovascular diseases in the elderly with that of a younger adult, including myocardial infarction, heart failure, dysrhythmias, aneurism, and hypertension. (C-3)
- 6-3.29 Discuss the assessment of the elderly patient with complaints related to the cardiovascular system, including myocardial infarction, heart failure, dysrhythmias, aneurism, and hypertension. (C-1)
- 6-3.30 Identify the need for intervention and transportation of the elderly patient with cardiovascular complaints. (C-1)
- 6-3.31 Develop a treatment and management plan of the elderly patient with cardiovascular complaints, including myocardial infarction, heart failure, dysrhythmias, aneurism and hypertension. (C-3)
- 6-3.32 Discuss the normal and abnormal changes with age of the nervous system. (C-1)
- 6-3.33 Describe the epidemiology for nervous system diseases in the elderly, including incidence, morbidity/mortality, risk factors, and prevention strategies for patients with cerebral vascular disease, delirium, dementia, Alzheimer's disease and Parkinson's disease. (C-1)
- 6-3.34 Compare and contrast the pathophysiology of nervous system diseases in the elderly with that of a younger adult, including cerebral vascular disease, delirium, dementia, Alzheimer's disease and Parkinson's disease. (C-3)
- 6-3.35 Discuss the assessment of the elderly patient with complaints related to the nervous system, including cerebral vascular disease, delirium, dementia, Alzheimer's disease and Parkinson's disease. (C-1)
- 6-3.36 Identify the need for intervention and transportation of the patient with complaints related to the nervous system. (C-1)
- 6-3.37 Develop a treatment and management plan of the elderly patient with complaints related to the nervous system, including cerebral vascular disease, delirium, dementia, Alzheimer's disease and Parkinson's disease. (C-3)
- 6-3.38 Discuss the normal and abnormal changes of the endocrine system with age. (C-1)
- 6-3.39 Describe the epidemiology for endocrine diseases in the elderly, including incidence, morbidity/mortality, risk factors, and prevention strategies for patients with diabetes and thyroid diseases. (C-1)
- 6-3.40 Compare and contrast the pathophysiology of diabetes and thyroid diseases in the elderly with that of a younger adult. (C-3)
- 6-3.41 Discuss the assessment of the elderly patient with complaints related to the endocrine system, including diabetes and thyroid diseases. (C-1)
- 6-3.42 Identify the need for intervention and transportation of the patient with endocrine problems. (C-1)
- 6-3.43 Develop a treatment and management plan of the elderly patient with endocrine problems, including diabetes and thyroid diseases. (C-3)
- 6-3.44 Discuss the normal and abnormal changes of the gastrointestinal system with age. (C-1)
- 6-3.45 Discuss the assessment of the elderly patient with complaints related to the gastrointestinal system. (C-1)
- 6-3.46 Identify the need for intervention and transportation of the patient with gastrointestinal complaints. (C-1)

- 6-3.47 Develop and execute a treatment and management plan of the elderly patient with gastrointestinal problems. (C-3)
- 6-3.48 Discuss the assessment and management of an elderly patient with GI hemorrhage and bowel obstruction. (C-1)
- 6-3.49 Compare and contrast the pathophysiology of GI hemorrhage and bowel obstruction in the elderly with that of a young adult. (C-3)
- 6-3.50 Discuss the normal and abnormal changes with age related to toxicology. (C-1)
- 6-3.51 Discuss the assessment of the elderly patient with complaints related to toxicology. (C-1)
- 6-3.52 Identify the need for intervention and transportation of the patient with toxicological problems. (C-1)
- 6-3.53 Develop and execute a treatment and management plan of the elderly patient with toxicological problems. (C-3)
- 6-3.54 Describe the epidemiology in the elderly, including the incidence, morbidity/ mortality, risk factors, and prevention strategies, for patients with drug toxicity. (C-1)
- 6-3.55 Compare and contrast the pathophysiology of drug toxicity in the elderly with that of a younger adult. (C-3)
- 6-3.56 Discuss the assessment findings common in elderly patients with drug toxicity. (C-1)
- 6-3.57 Discuss the management/ considerations when treating an elderly patient with drug toxicity. (C-1)
- 6-3.58 Describe the epidemiology for drug and alcohol abuse in the elderly, including incidence, morbidity/ mortality, risk factors, and prevention strategies. (C-1)
- 6-3.59 Compare and contrast the pathophysiology of drug and alcohol abuse in the elderly with that of a younger adult. (C-3)
- 6-3.60 Discuss the assessment findings common in elderly patients with drug and alcohol abuse. (C-1)
- 6-3.61 Discuss the management/ considerations when treating an elderly patient with drug and alcohol abuse. (C-1)
- 6-3.62 Discuss the normal and abnormal changes of thermoregulation with age. (C-1)
- 6-3.63 Discuss the assessment of the elderly patient with complaints related to thermoregulation. (C-1)
- 6-3.64 Identify the need for intervention and transportation of the patient with environmental considerations. (C-1)
- 6-3.65 Develop and execute a treatment and management plan of the elderly patient with environmental considerations. (C-3)
- 6-3.66 Compare and contrast the pathophysiology of hypothermia and hyperthermia in the elderly with that of a younger adult. (C-3)
- 6-3.67 Discuss the assessment findings and management plan for elderly patients with hypothermia and hyperthermia. (C-1)
- 6-3.68 Discuss the normal and abnormal psychiatric changes of age. (C-1)
- 6-3.69 Describe the epidemiology of depression and suicide in the elderly, including incidence, morbidity/ mortality, risk factors, and prevention strategies. (C-1)
- 6-3.70 Compare and contrast the psychiatry of depression and suicide in the elderly with that of a younger adult. (C-3)
- 6-3.71 Discuss the assessment of the elderly patient with psychiatric complaints, including depression and suicide. (C-1)
- 6-3.72 Identify the need for intervention and transport of the elderly psychiatric patient. (C-1)
- 6-3.73 Develop a treatment and management plan of the elderly psychiatric patient, including depression and suicide. (C-3)
- 6-3.74 Discuss the normal and abnormal changes of the integumentary system with age. (C-1)
- 6-3.75 Describe the epidemiology for pressure ulcers in the elderly, including incidence, morbidity/ mortality, risk factors, and prevention strategies. (C-1)
- 6-3.76 Compare and contrast the pathophysiology of pressure ulcers in the elderly with that of a younger adult. (C-3)
- 6-3.77 Discuss the assessment of the elderly patient with complaints related to the integumentary system, including pressure ulcers. (C-1)
- 6-3.78 Identify the need for intervention and transportation of the patient with complaints related to the integumentary system. (C-1)

- 6-3.79 Develop a treatment and management plan of the elderly patient with complaints related to the integumentary system, including pressure ulcers. (C-3)
- 6-3.80 Discuss the normal and abnormal changes of the musculoskeletal system with age. (C-1)
- 6-3.81 Describe the epidemiology for osteoarthritis and osteoporosis, including incidence, morbidity/ mortality, risk factors, and prevention strategies. (C-1)
- 6-3.82 Compare and contrast the pathophysiology of osteoarthritis and osteoporosis with that of a younger adult. (C-3)
- 6-3.83 Discuss the assessment of the elderly patient with complaints related to the musculoskeletal system, including osteoarthritis and osteoporosis. (C-1)
- 6-3.84 Identify the need for intervention and transportation of the patient with musculoskeletal complaints. (C-1)
- 6-3.85 Develop a treatment and management plan of the elderly patient with musculoskeletal complaints, including osteoarthritis and osteoporosis. (C-3)
- 6-3.86 Describe the epidemiology for trauma in the elderly, including incidence, morbidity/ mortality, risk factors, and prevention strategies for patients with orthopedic injuries, burns and head injuries. (C-1)
- 6-3.87 Compare and contrast the pathophysiology of trauma in the elderly with that of a younger adult, including orthopedic injuries, burns and head injuries. (C-3)
- 6-3.88 Discuss the assessment findings common in elderly patients with traumatic injuries, including orthopedic injuries, burns and head injuries. (C-1)
- 6-3.89 Discuss the management/ considerations when treating an elderly patient with traumatic injuries, including orthopedic injuries, burns and head injuries. (C-1)
- 6-3.90 Identify the need for intervention and transport of the elderly patient with trauma. (C-1)

Affective Objectives

- 6-3.91 Demonstrate and advocate appropriate interactions with the elderly that conveys respect for their position in life. (A-3)
- 6-3.92 Recognize the emotional need for independence in the elderly while simultaneously attending to their apparent acute dependence. (A-1)
- 6-3.93 Recognize and appreciate the impediments to physical and emotional well-being in the elderly. (A-2)
- 6-3.94 Recognize and appreciate the physical and emotional difficulties associated with being a caretaker of an impaired elderly person, particularly the patient with Alzheimer's disease. (A-3)

Psychomotor Objectives

- 6-3.95 Demonstrate the ability to assess a geriatric patient. (P-2)
- 6-3.96 Demonstrate the ability to adjust their assessment to a geriatric patient. (P-3)

4. Abuse and Assault ⁶⁻⁴

Cognitive Objectives

- 6-4.1 Discuss the incidence of abuse and assault. (C-1)
- 6-4.2 Describe the categories of abuse. (C-1)
- 6-4.3 Discuss examples of spouse abuse. (C-1)
- 6-4.4 Discuss examples of elder abuse. (C-1)
- 6-4.5 Discuss examples of child abuse. (C-1)
- 6-4.6 Discuss examples of sexual assault. (C-1)
- 6-4.7 Describe the characteristics associated with the profile of the typical abuser of a spouse. (C-1)
- 6-4.8 Describe the characteristics associated with the profile of the typical abuser of the elder. (C-1)
- 6-4.9 Describe the characteristics associated with the profile of the typical abuser of children. (C-1)
- 6-4.10 Describe the characteristics associated with the profile of the typical assailant of sexual assault. (C-1)
- 6-4.11 Identify the profile of the "at-risk" spouse. (C-1)
- 6-4.12 Identify the profile of the "at-risk" elder. (C-1)
- 6-4.13 Identify the profile of the "at-risk" child. (C-1)
- 6-4.14 Discuss the assessment and management of the abused patient. (C-1)
- 6-4.15 Discuss the legal aspects associated with abuse situations. (C-1)
- 6-4.16 Identify community resources that are able to assist victims of abuse and assault. (C-1)

6-4.17 Discuss the documentation associated with abused and assaulted patient. (C-1)

Affective Objectives

6-4.18 Demonstrate sensitivity to the abused patient. (A-1)

6-4.19 Value the behavior of the abused patient. (A-2)

6-4.20 Attend to the emotional state of the abused patient. (A-1)

6-4.21 Recognize the value of non-verbal communication with the abused patient. (A-1)

6-4.22 Attend to the needs for reassurance, empathy and compassion with the abused patient. (A-1)

6-4.23 Listen to the concerns expressed by the abused patient. (A-1)

6-4.24 Listen and value the concerns expressed by the sexually assaulted patient. (A-2)

Psychomotor Objectives

6-4.25 Demonstrate the ability to assess a spouse, elder or child abused patient. (P-1)

6-4.26 Demonstrate the ability to assess a sexually assaulted patient. (P-1)

5. Special Challenge Patients ⁶⁻⁵

Cognitive Objectives

6-5.1 Describe the various etiologies and types of hearing impairments. (C-1)

6-5.2 Recognize the patient with a hearing impairment. (C-1)

6-5.3 Anticipate accommodations that may be needed in order to properly manage the patient with a hearing impairment. (C-3)

6-5.4 Describe the various etiologies of visual impairments. (C-1)

6-5.5 Recognize the patient with a visual impairment. (C-1)

6-5.6 Anticipate accommodations that may be needed in order to properly manage the patient with a visual impairment. (C-3)

6-5.7 Describe the various etiologies and types of speech impairments. (C-1)

6-5.8 Recognize the patient with a speech impairment. (C-1)

6-5.9 Anticipate accommodations that may be needed in order to properly manage the patient with a speech impairment. (C-3)

6-5.10 Describe the various etiologies of obesity. (C-1)

6-5.11 Anticipate accommodations that may be needed to properly manage the patient with obesity. (C-3)

6-5.12 Describe paraplegia/ quadriplegia. (C-1)

6-5.13 Anticipate accommodations that may be needed in order to properly manage the patient with paraplegia/ quadriplegia. (C-3)

6-5.14 Define mental illness. (C-1)

6-5.15 Describe the various etiologies of mental illness. (C-1)

6-5.16 Recognize the presenting signs of the various mental illnesses. (C-1)

6-5.17 Anticipate accommodations that may be needed in order to properly manage the patient with a mental illness. (C-3)

6-5.18 Define the term developmentally disabled. (C-1)

6-5.19 Recognize the patient with a developmental disability. (C-1)

6-5.20 Anticipate accommodations that may be needed in order to properly manage the patient with a developmental disability. (C-3)

6-5.21 Describe Down's syndrome. (C-1)

6-5.22 Recognize the patient with Down's syndrome. (C-1)

6-5.23 Anticipate accommodations that may be needed in order to properly manage the patient with Down's syndrome. (C-3)

6-5.24 Describe the various etiologies of emotional impairment. (C-1)

6-5.25 Recognize the patient with an emotional impairment. (C-1)

6-5.26 Anticipate accommodations that may be needed in order to properly manage the patient with an emotional impairment. (C-3)

6-5.27 Define emotional/ mental impairment (EMI). (C-1)

6-5.28 Recognize the patient with an emotional or mental impairment. (C-1)

6-5.29	Anticipate accommodations that may be needed in order to properly manage patients with an emotional or mental impairment. (C-3)
6-5.30	Describe the following diseases/ illnesses: (C-1) Arthritis Cancer Cerebral palsy Cystic fibrosis Multiple sclerosis Muscular dystrophy Myasthenia gravis Poliomyelitis Spina bifida Patients with a previous head injury
6-5.31	Identify the possible presenting sign(s) for the following diseases/ illnesses: (C-1) Arthritis Cancer Cerebral palsy Cystic fibrosis Multiple sclerosis Muscular dystrophy Myasthenia gravis Poliomyelitis Spina bifida Patients with a previous head injury
6-5.32	Anticipate accommodations that may be needed in order to properly manage the following patients: (C-3) Arthritis Cancer Cerebral palsy Cystic fibrosis Multiple sclerosis Muscular dystrophy Myasthenia gravis Poliomyelitis Spina bifida Patients with a previous head injury
6-5.33	Define cultural diversity. (C-1)
6-5.34	Recognize a patient who is culturally diverse. (C-1)
6-5.35	Anticipate accommodations that may be needed in order to properly manage a patient who is culturally diverse. (C-3)
6-5.36	Identify a patient that is terminally ill. (C-1)
6-5.37	Anticipate accommodations that may be needed in order to properly manage a patient who is terminally ill. (C-3)
6-5.38	Identify a patient with a communicable disease. (C-1)
6-5.39	Recognize the presenting signs of a patient with a communicable disease. (C-1)
6-5.40	Anticipate accommodations that may be needed in order to properly manage a patient with a communicable disease. (C-3)
6-5.41	Recognize sign(s) of financial impairments. (C-1)
6-5.42	Anticipate accommodations that may be needed in order to properly manage the patient with a financial impairment. (C-3)
<u>Affective Objectives</u>	
N/A	None Identified for this unit
<u>Psychomotor Objectives</u>	
N/A	None Identified for this unit

6. Chronic Care ⁶⁻⁶

<u>Cognitive Objectives</u>	
6-6.1	Compare and contrast the primary objectives of the ALS professional and the home care professional. (C-3)
6-6.2	Identify the importance of home health care medicine as related to the ALS level of care. (C-1)
6-6.3	Differentiate between the role of EMS provider and the role of the home care provider. (C-3)
6-6.4	Compare and contrast the primary objectives of acute care, home care and hospice care. (C-3)
6-6.5	Summarize the types of home health care available in your area and the services provided. (C-3)
6-6.6	Discuss the aspects of home care that result in enhanced quality of care for a given patient. (C-1)
6-6.7	Discuss the aspects of home care that have a potential to become a detriment to the quality of care for a given patient. (C-1)
6-6.8	List complications commonly seen in the home care patients which result in their hospitalization. (C-1)
6-6.9	Compare the cost, mortality and quality of care for a given patient in the hospital versus the home care setting. (C-3)
6-6.10	Discuss the significance of palliative care programs as related to a patient in a home health care setting. (C-1)
6-6.11	Define hospice care, comfort care and DNR/ DNAR as they relate to local practice, law and policy. (C-1)
6-6.12	List the stages of the grief process and relate them to an individual in hospice care. (C-1)
6-6.13	List pathologies and complications typical to home care patients. (C-1)
6-6.14	Given a home care scenario, predict complications requiring ALS intervention. (C-3)

- 6-6.15 Given a series of home care scenarios, determine which patients should receive follow-up home care and which should be transported to an emergency care facility. (C-3)
- 6-6.16 Describe airway maintenance devices typically found in the home care environment. (C-1)
- 6-6.17 Describe devices that provide or enhance alveolar ventilation in the home care setting. (C-1)
- 6-6.18 List modes of artificial ventilation and an out-of-hospital situation where each might be employed. (C-1)
- 6-6.19 List vascular access devices found in the home care setting. (C-1)
- 6-6.20 Recognize standard central venous access devices utilized in home health care. (C-1)
- 6-6.21 Describe the basic universal characteristics of central venous catheters. (C-1)
- 6-6.22 Describe the basic universal characteristics of implantable injection devices. (C-1)
- 6-6.23 List devices found in the home care setting that are used to empty, irrigate or deliver nutrition or medication to the GI/ GU tract. (C-1)
- 6-6.24 Describe complications of assessing each of the airway, vascular access, and GI/ GU devices described above. (C-1)
- 6-6.25 Given a series of scenarios, demonstrate the appropriate ALS interventions. (C-3)
- 6-6.26 Given a series of scenarios, demonstrate interaction and support with the family members/ support persons for a patient who has died. (C-3)
- 6-6.27 Describe common complications with central venous access and implantable drug administration ports in the out-of-hospital setting. (C-1)
- 6-6.28 Describe the indications and contraindications for urinary catheter insertion in an out-of-hospital setting. (C-1)
- 6-6.29 Identify the proper anatomy for placement of urinary catheters in males or females. (C-2)
- 6-6.30 Identify failure of GI/ GU devices found in the home care setting. (C-2)
- 6-6.31 Identify failure of ventilatory devices found in the home care setting. (C-2)
- 6-6.32 Identify failure of vascular access devices found in the home care setting. (C-2)
- 6-6.33 Identify failure of drains. (C-2)
- 6-6.34 Differentiate between home care and acute care as preferable situations for a given patient scenario. (C-3)
- 6-6.35 Discuss the relationship between local home care treatment protocols/ SOPs and local EMS Protocols/ SOPs. (C-3)
- 6-6.36 Discuss differences in the individual's ability to accept and cope with their own impending death. (C-3)
- 6-6.37 Discuss the rights of the terminally ill. (C-1)

Affective Objectives

- 6-6.38 Value the role of the home-care professional and understand their role in patient care along the life-span continuum. (A-2)
- 6-6.39 Value the patient's desire to remain in the home setting. (A-2)
- 6-6.40 Value the patient's desire to accept or deny hospice care. (A-2)
- 6-6.41 Value the uses of long term venous access in the home health setting, including but not limited to: (A-2)
Chemotherapy | Pain management | Nutrition therapy | Congestive heart therapy | Antibiotic therapy

Psychomotor Objectives

- 6-6.42 Observe for an infected or otherwise complicated venous access point. (P-1)
- 6-6.43 Demonstrate proper tracheotomy care. (P-1)
- 6-6.44 Demonstrate the insertion of a new inner cannula and/ or the use of an endotracheal tube to temporarily maintain an airway in a tracheostomy patient. (P-1)
- 6-6.46 Demonstrate the method of accessing vascular access devices found in the home health care setting. (P-1)