



PARAMEDIC COURSE SYLLABUS – MEDICAL EMERGENCIES EMSP 2434

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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.

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| Course Information: | EMSP 2434 Medical Emergencies Credit 4 Lecture 3 Lab 4 Contact 112 CIP 51.0904 |
| Term: | Spring 2022 |
| Course Meeting Days and Times: | Thursday 8am to 5pm |

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| Contact Information: | |
| Program Director/Course Instructor: | 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 |
| Course Instructor: | John Jason Flores |
| Contact Information: | Office HS-100B – (979) 230-3426 Personal – (979) 824-6979 Email – John.Flores@brazosport.edu Campus Hours – Monday 8am to 5pm – Meeting by Appointment |
| 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 in the assessment and management of patients with medical emergencies, including medical overview, neurology, gastroenterology, immunology, pulmonology, urology, hematology, endocrinology, toxicology, 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 patient with the following medical emergencies: pulmonology⁵⁻¹, cardiology⁵⁻², neurology⁵⁻³, endocrinology⁵⁻⁴, allergies and anaphylaxis⁵⁻⁵, gastroenterology⁵⁻⁶, renal-urology⁵⁻⁷, toxicology⁵⁻⁸, hematology⁵⁻⁹, environmental exposure⁵⁻¹⁰, infectious disease⁵⁻¹¹, behavioral⁵⁻¹², gynecology⁵⁻¹³, and obstetrics⁵⁻¹⁴ 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:

EMSP2434 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% | |
| Assignments | 15% | |
| Quizzes | 25% | |
| Exam Midterm | 25% | |
| Exam Final | 25% | 100% |

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| 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. Pulmonology⁵⁻¹

Cognitive Objectives

- 5-1.1 Discuss the epidemiology of pulmonary diseases and conditions. (C-1)
- 5-1.2 Identify and describe the function of the structures located in the upper and lower airway. (C-1)
- 5-1.3 Discuss the physiology of ventilation and respiration. (C-1)
- 5-1.4 Identify common pathological events that affect the pulmonary system. (C-1)
- 5-1.5 Discuss abnormal assessment findings associated with pulmonary diseases and conditions. (C-1)
- 5-1.6 Compare various airway and ventilation techniques used in the management of pulmonary diseases. (C-3)
- 5-1.7 Review the pharmacological preparations that paramedics use for management of respiratory diseases and conditions. (C-1)
- 5-1.8 Review the pharmacological preparations used in managing patients with respiratory diseases that may be prescribed by physicians. (C-1)
- 5-1.9 Review the use of equipment used during the physical examination of patients with complaints associated with respiratory diseases and conditions. (C-1)
- 5-1.10 Identify the epidemiology, anatomy, physiology, pathophysiology, assessment findings, and management for the following respiratory diseases and conditions: (C-1)
Adult respiratory distress syndrome | Bronchial asthma | Chronic bronchitis | Emphysema | Pneumonia | Pulmonary edema | Pulmonary thromboembolism | Neoplasms of lung | Upper respiratory infections | Spontaneous pneumothorax | Hyperventilation syndrome

Affective Objectives

- 5-1.11 Recognize and value the assessment and treatment of patients with respiratory diseases. (A-2)
- 5-1.12 Indicate appreciation for the critical nature of accurate field impressions of patients with respiratory diseases and conditions. (A-2)

Psychomotor Objectives

- N/A 5-1.13 Demonstrate proper use of airway and ventilation devices. (P-1)
- 5-1.14 Conduct a history and patient assessment for patients with pulmonary diseases and conditions. (P-1)
- 5-1.15 Demonstrate the application of a CPAP/ BiPAP unit. (P-1)

2. Cardiology⁵⁻²

Cognitive Objectives

- 5-2.134 Describe the incidence, morbidity and mortality of vascular disorders. (C-1)
- 5-2.135 Describe the pathophysiology of vascular disorders. (C-1)
- 5-2.136 List the traumatic and non-traumatic causes of vascular disorders. (C-1)
- 5-2.137 Define the terms "aneurysm", "claudication" and "phlebitis". (C-1)
- 5-2.138 Identify the peripheral arteries most commonly affected by occlusive disease. (C-1)
- 5-2.139 Identify the major factors involved in the pathophysiology of aortic aneurysm. (C-1)
- 5-2.140 Recognize the usual order of signs and symptoms that develop following peripheral artery occlusion. (C-3)
- 5-2.141 Identify the clinical significance of claudication and presence of arterial bruits in a patient with peripheral vascular disorders. (C-3)
- 5-2.142 Describe the clinical significance of unequal arterial blood pressure readings in the arms. (C-3)
- 5-2.143 Recognize and describe the signs and symptoms of dissecting thoracic or abdominal aneurysm. (C-3)

- 5-2.144 Describe the significant elements of the patient history in a patient with vascular disease. (C-2)
- 5-2.145 Identify the hemodynamic effects of vascular disorders. (C-1)
- 5-2.146 Identify the complications of vascular disorders. (C-1)
- 5-2.147 Identify the Paramedic's responsibilities associated with management of patients with vascular disorders. (C-2)
- 5-2.148 Develop, execute and evaluate a treatment plan based on the field impression for the patient with vascular disorders. (C-3)
- 5-2.149 Differentiate between signs and symptoms of cardiac tamponade, hypertensive emergencies, cardiogenic shock, and cardiac arrest. (C-3)
- 5-2.150 Based on the pathophysiology and clinical evaluation of the patient with chest pain, characterize the clinical problems according to their life-threatening potential. (C-3)
- 5-2.151 Apply knowledge of the epidemiology of cardiovascular disease to develop prevention strategies. (C-3)
- 5-2.152 Integrate pathophysiological principles into the assessment of a patient with cardiovascular disease. (C-3)
- 5-2.153 Apply knowledge of the epidemiology of cardiovascular disease to develop prevention strategies. (C-3)
- 5-2.154 Integrate pathophysiological principles into the assessment of a patient with cardiovascular disease. (C-3)
- 5-2.155 Synthesize patient history, assessment findings and ECG analysis to form a field impression for the patient with cardiovascular disease. (C-3)
- 5-2.156 Integrate pathophysiological principles to the assessment of a patient in need of a pacemaker. (C-1)
- 5-2.157 Synthesize patient history, assessment findings and ECG analysis to form a field impression for the patient in need of a pacemaker. (C-3)
- 5-2.158 Develop, execute, and evaluate a treatment plan based on field impression for the patient in need of a pacemaker. (C-3)
- 5-2.159 Based on the pathophysiology and clinical evaluation of the patient with chest pain, characterize the clinical problems according to their life-threatening potential. (C-3)
- 5-2.160 Integrate pathophysiological principles to the assessment of a patient with chest pain. (C-3)
- 5-2.161 Synthesize patient history, assessment findings and ECG analysis to form a field impression for the patient with angina pectoris. (C-3)
- 5-2.162 Develop, execute and evaluate a treatment plan based on the field impression for the patient with chest pain. (C-3)
- 5-2.163 Integrate pathophysiological principles to the assessment of a patient with a suspected myocardial infarction. (C-3)
- 5-2.164 Synthesize patient history, assessment findings and ECG analysis to form a field impression for the patient with a suspected myocardial infarction. (C-3)
- 5-2.165 Develop, execute and evaluate a treatment plan based on the field impression for the suspected myocardial infarction patient. (C-3)
- 5-2.166 Integrate pathophysiological principles to the assessment of the patient with heart failure. (C-3)
- 5-2.167 Synthesize assessment findings and patient history information to form a field impression of the patient with heart failure. (C-3)
- 5-2.168 Develop, execute, and evaluate a treatment plan based on the field impression for the heart failure patient. (C-3)
- 5-2.169 Integrate pathophysiological principles to the assessment of a patient with cardiac tamponade. (C-3)
- 5-2.170 Synthesize assessment findings and patient history information to form a field impression of the patient with cardiac tamponade. (C-3)
- 5-2.171 Develop, execute and evaluate a treatment plan based on the field impression for the patient with cardiac tamponade. (C-3)
- 5-2.172 Integrate pathophysiological principles to the assessment of the patient with a hypertensive emergency. (C-3)
- 5-2.173 Synthesize assessment findings and patient history information to form a field impression of the patient with a hypertensive emergency. (C-3)

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| 5-2.174 | Develop, execute and evaluate a treatment plan based on the field impression for the patient with a hypertensive emergency. (C-3) |
| 5-2.175 | Integrate pathophysiological principles to the assessment of the patient with cardiogenic shock. (C-3) |
| 5-2.176 | Synthesize assessment findings and patient history information to form a field impression of the patient with cardiogenic shock. (C-3) |
| 5-2.177 | Develop, execute, and evaluate a treatment plan based on the field impression for the patient with cardiogenic shock. (C-3) |
| <u>Affective Objectives</u> | |
| N/A | None Identified for this unit |
| <u>Psychomotor Objectives</u> | |
| N/A | None Identified for this unit |

3. Neurology⁵⁻³

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| <u>Cognitive Objectives</u> | |
| 5-3.1 | Describe the incidence, morbidity and mortality of neurological emergencies. (C-1) |
| 5-3.2 | Identify the risk factors most predisposing to the nervous system. (C-1) |
| 5-3.3 | Discuss the anatomy and physiology of the organs and structures related to nervous system. (C-1) |
| 5-3.4 | Discuss the pathophysiology of non-traumatic neurologic emergencies. (C-1) |
| 5-3.5 | Discuss the assessment findings associated with non-traumatic neurologic emergencies. (C-1) |
| 5-3.6 | Identify the need for rapid intervention and the transport of the patient with non-traumatic emergencies. (C-1) |
| 5-3.7 | Discuss the management of non-traumatic neurological emergencies. (C-1) |
| 5-3.8 | Discuss the pathophysiology of coma and altered mental status. (C-1) |
| 5-3.9 | Discuss the assessment findings associated with coma and altered mental status. (C-1) |
| 5-3.10 | Discuss the management/ treatment plan of coma and altered mental status. (C-1) |
| 5-3.11 | Describe the epidemiology, including morbidity/ mortality and prevention strategies, for seizures. (C-1) |
| 5-3.12 | Discuss the pathophysiology of seizures. (C-1) |
| 5-3.13 | Discuss the assessment findings associated with seizures. (C-1) |
| 5-3.14 | Define seizure. (C-1) |
| 5-3.15 | Describe and differentiate the major types of seizures. (C-3) |
| 5-3.16 | List the most common causes of seizures. (C-1) |
| 5-3.17 | Describe the phases of a generalized seizure. (C-1) |
| 5-3.18 | Discuss the pathophysiology of syncope. (C-1) |
| 5-3.19 | Discuss the assessment findings associated with syncope. (C-1) |
| 5-3.20 | Discuss the management/ treatment plan of syncope. (C-1) |
| 5-3.21 | Discuss the pathophysiology of headache. (C-1) |
| 5-3.22 | Discuss the assessment findings associated with headache. (C-1) |
| 5-3.23 | Discuss the management/ treatment plan of headache. (C-1) |
| 5-3.24 | Describe the epidemiology, including the morbidity/ mortality and prevention strategies, for neoplasms. (C-1) |
| 5-3.25 | Discuss the pathophysiology of neoplasms. (C-1) |
| 5-3.26 | Describe the types of neoplasms. (C-1) |
| 5-3.27 | Discuss the assessment findings associated with neoplasms. (C-1) |
| 5-3.28 | Discuss the management/ treatment plan of neoplasms. (C-1) |
| 5-3.29 | Define neoplasms. (C-1) |
| 5-3.30 | Recognize the signs and symptoms related to neoplasms. (C-1) |
| 5-3.31 | Correlate abnormal assessment findings with clinical significance in the patient with neoplasms. (C-3) |
| 5-3.32 | Differentiate among the various treatment and pharmacological interventions used in the management of neoplasms. (C-3) |
| 5-3.33 | Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with neoplasms. (C-3) |

- 5-3.34 Describe the epidemiology, including the morbidity/ mortality and prevention strategies, for abscess. (C-1)
- 5-3.35 Discuss the pathophysiology of abscess. (C-1)
- 5-3.36 Discuss the assessment findings associated with abscess. (C-1)
- 5-3.37 Discuss the management/ treatment plan of abscess. (C-1)
- 5-3.38 Define abscess. (C-1)
- 5-3.39 Recognize the signs and symptoms related to abscess. (C-1)
- 5-3.40 Correlate abnormal assessment findings with clinical significance in the patient with abscess. (C-3)
- 5-3.41 Differentiate among the various treatment and pharmacological interventions used in the management of abscess. (C-3)
- 5-3.42 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with abscess. (C-3)
- 5-3.43 Describe the epidemiology, including the morbidity/ mortality and prevention strategies, for stroke and intracranial hemorrhage. (C-1)
- 5-3.44 Discuss the pathophysiology of stroke and intracranial hemorrhage. (C-1)
- 5-3.45 Describe the types of stroke and intracranial hemorrhage. (C-1)
- 5-3.46 Discuss the assessment findings associated with stroke and intracranial hemorrhage. (C-1)
- 5-3.47 Discuss the management/ treatment plan of stroke and intracranial hemorrhage. (C-1)
- 5-3.48 Define stroke and intracranial hemorrhage. (C-1)
- 5-3.49 Recognize the signs and symptoms related to stroke and intracranial hemorrhage. (C-1)
- 5-3.50 Correlate abnormal assessment findings with clinical significance in the patient with stroke and intracranial hemorrhage. (C-3)
- 5-3.51 Differentiate among the various treatment and pharmacological interventions used in the management of stroke and intracranial hemorrhage. (C-3)
- 5-3.52 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with stroke and intracranial hemorrhage. (C-3)
- 5-3.53 Describe the epidemiology, including the morbidity/ mortality and prevention strategies, for transient ischemic attack. (C-3)
- 5-3.54 Discuss the pathophysiology of transient ischemic attack. (C-1)
- 5-3.55 Discuss the assessment findings associated with transient ischemic attack. (C-1)
- 5-3.56 Discuss the management/ treatment plan of transient ischemic attack. (C-1)
- 5-3.57 Define transient ischemic attack. (C-1)
- 5-3.58 Recognize the signs and symptoms related to transient ischemic attack. (C-1)
- 5-3.59 Correlate abnormal assessment findings with clinical significance in the patient with transient ischemic attack. (C-3)
- 5-3.60 Differentiate among the various treatment and pharmacological interventions used in the management of transient ischemic attack. (C-3)
- 5-3.61 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with transient ischemic attack. (C-3)
- 5-3.62 Describe the epidemiology, including the morbidity/ mortality and prevention strategies, for degenerative neurological diseases. (C-1)
- 5-3.63 Discuss the pathophysiology of degenerative neurological diseases. (C-1)
- 5-3.64 Discuss the assessment findings associated with degenerative neurological diseases. (C-1)
- 5-3.65 Discuss the management/ treatment plan of degenerative neurological diseases. (C-1)
- 5-3.66 Define the following: (C-1)
Muscular dystrophy | Multiple sclerosis | Dystonia | Parkinson's disease | Trigeminal neuralgia | Bell's palsy | Amyotrophic lateral sclerosis | Peripheral neuropathy | Myoclonus | Spina bifida | Poliomyelitis
- 5-3.67 Recognize the signs and symptoms related to degenerative neurological diseases. (C-1)
- 5-3.68 Correlate abnormal assessment findings with clinical significance in the patient with degenerative neurological diseases. (C-3)
- 5-3.69 Differentiate among the various treatment and pharmacological interventions used in the management of degenerative neurological diseases. (C-3)

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| 5-3.70 | Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with degenerative neurological diseases. (C-3) |
| 5-3.71 | Integrate the pathophysiological principles of the patient with a neurological emergency. (C-3) |
| 5-3.72 | Differentiate between neurological emergencies based on assessment findings. (C-3) |
| 5-3.73 | Correlate abnormal assessment findings with the clinical significance in the patient with neurological complaints. (C-3) |
| 5-3.74 | Develop a patient management plan based on field impression in the patient with neurological emergencies. (C-3) |
| <u>Affective Objectives</u> | |
| 5-3.75 | Characterize the feelings of a patient who regains consciousness among strangers. (A-2) |
| 5-3.76 | Formulate means of conveying empathy to patients whose ability to communicate is limited by their condition. (A-3) |
| <u>Psychomotor Objectives</u> | |
| 5-3.77 | Perform an appropriate assessment of a patient with coma or altered mental status. (P-3) |
| 5-3.78 | Perform a complete neurological examination as part of the comprehensive physical examination of a patient with coma or altered mental status. (P-3) |
| 5-3.79 | Appropriately manage a patient with coma or altered mental status, including the administration of oxygen, oral glucose, 50% dextrose and narcotic reversal agents. (P-3) |
| 5-3.80 | Perform an appropriate assessment of a patient with syncope. (P-3) |
| 5-3.81 | Appropriately manage a patient with syncope. (P-3) |
| 5-3.82 | Perform an appropriate assessment of a patient with seizures. (P-3) |
| 5-3.83 | Appropriately manage a patient with seizures, including the administration of diazepam or lorazepam. (P-3) |
| 5-3.84 | Perform an appropriate assessment of a patient with stroke and intracranial hemorrhage or TIA. (P-3) |
| 5-3.85 | Appropriately manage a patient with stroke and intracranial hemorrhage or TIA. (P-3) |
| 5-3.86 | Demonstrate an appropriate assessment of a patient with a chief complaint of weakness. (P-3) |

4. Endocrinology ⁵⁻⁴

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| <u>Cognitive Objectives</u> | |
| 5-4.1 | Describe the incidence, morbidity and mortality of endocrinologic emergencies. (C-1) |
| 5-4.2 | Identify the risk factors most predisposing to endocrinologic disease. (C-1) |
| 5-4.3 | Discuss the anatomy and physiology of organs and structures related to endocrinologic diseases. (C-1) |
| 5-4.4 | Review the pathophysiology of endocrinologic emergencies. (C-1) |
| 5-4.5 | Discuss the general assessment findings associated with endocrinologic emergencies. (C-1) |
| 5-4.6 | Identify the need for rapid intervention of the patient with endocrinologic emergencies. (C-1) |
| 5-4.7 | Discuss the management of endocrinologic emergencies. (C-1) |
| 5-4.8 | Describe osmotic diuresis and its relationship to diabetes. (C-1) |
| 5-4.9 | Describe the pathophysiology of adult onset diabetes mellitus. (C-1) |
| 5-4.10 | Describe the pathophysiology of juvenile onset diabetes mellitus. (C-1) |
| 5-4.11 | Describe the effects of decreased levels of insulin on the body. (C-1) |
| 5-4.12 | Correlate abnormal findings in assessment with clinical significance in the patient with a diabetic emergency. (C-3) |
| 5-4.13 | Discuss the management of diabetic emergencies. (C-1) |
| 5-4.14 | Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with a diabetic emergency. (C-3) |
| 5-4.15 | Differentiate between the pathophysiology of normal glucose metabolism and diabetic glucose metabolism. (C-3) |
| 5-4.16 | Describe the mechanism of ketone body formation and its relationship to ketoacidosis. (C-1) |
| 5-4.17 | Discuss the physiology of the excretion of potassium and ketone bodies by the kidneys. (C-1) |
| 5-4.18 | Describe the relationship of insulin to serum glucose levels. (C-1) |
| 5-4.19 | Describe the effects of decreased levels of insulin on the body. (C-1) |
| 5-4.20 | Describe the effects of increased serum glucose levels on the body. (C-1) |

- 5-4.21 Discuss the pathophysiology of hypoglycemia. (C-1)
- 5-4.22 Discuss the utilization of glycogen by the human body as it relates to the pathophysiology of hypoglycemia. (C-3)
- 5-4.23 Describe the actions of epinephrine as it relates to the pathophysiology of hypoglycemia. (C-3)
- 5-4.24 Recognize the signs and symptoms of the patient with hypoglycemia. (C-1)
- 5-4.25 Describe the compensatory mechanisms utilized by the body to promote homeostasis relative to hypoglycemia. (C-1)
- 5-4.26 Describe the management of a responsive hypoglycemic patient. (C-1)
- 5-4.27 Correlate abnormal findings in assessment with clinical significance in the patient with hypoglycemia. (C-1)
- 5-4.28 Discuss the management of the hypoglycemic patient. (C-1)
- 5-4.29 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with hypoglycemia. (C-3)
- 5-4.30 Discuss the pathophysiology of hyperglycemia. (C-1)
- 5-4.31 Recognize the signs and symptoms of the patient with hyperglycemia. (C-1)
- 5-4.32 Describe the management of hyperglycemia. (C-1)
- 5-4.33 Correlate abnormal findings in assessment with clinical significance in the patient with hyperglycemia. (C-3)
- 5-4.34 Discuss the management of the patient with hyperglycemia. (C-1)
- 5-4.35 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with hyperglycemia. (C-3)
- 5-4.36 Discuss the pathophysiology of nonketotic hyperosmolar coma. (C-1)
- 5-4.37 Recognize the signs and symptoms of the patient with nonketotic hyperosmolar coma. (C-1)
- 5-4.38 Describe the management of nonketotic hyperosmolar coma. (C-1)
- 5-4.39 Correlate abnormal findings in assessment with clinical significance in the patient with nonketotic hyperosmolar coma. (C-3)
- 5-4.40 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with nonketotic hyperosmolar coma. (C-3)
- 5-4.41 Discuss the management of the patient with hyperglycemia. (C-1)
- 5-4.42 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with hyperglycemia. (C-3)
- 5-4.43 Discuss the pathophysiology of diabetic ketoacidosis. (C-1)
- 5-4.44 Recognize the signs and symptoms of the patient with diabetic ketoacidosis. (C-1)
- 5-4.45 Describe the management of diabetic ketoacidosis. (C-1)
- 5-4.46 Correlate abnormal findings in assessment with clinical significance in the patient with diabetic ketoacidosis. (C-3)
- 5-4.47 Discuss the management of the patient with diabetic ketoacidosis. (C-1)
- 5-4.48 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with diabetic ketoacidosis. (C-3)
- 5-4.49 Discuss the pathophysiology of thyrotoxicosis. (C-1)
- 5-4.50 Recognize signs and symptoms of the patient with thyrotoxicosis. (C-1)
- 5-4.51 Describe the management of thyrotoxicosis. (C-1)
- 5-4.52 Correlate abnormal findings in assessment with clinical significance in the patient with thyrotoxicosis. (C-3)
- 5-4.53 Discuss the management of the patient with thyrotoxicosis. (C-1)
- 5-4.54 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with thyrotoxicosis. (C-3)
- 5-4.55 Discuss the pathophysiology of myxedema. (C-1)
- 5-4.56 Recognize signs and symptoms of the patient with myxedema. (C-1)
- 5-4.57 Describe the management of myxedema. (C-1)
- 5-4.58 Correlate abnormal findings in assessment with clinical significance in the patient with myxedema. (C-3)
- 5-4.59 Discuss the management of the patient with myxedema. (C-1)

- 5-4.60 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with myxedema. (C-3)
- 5-4.61 Discuss the pathophysiology of Cushing's syndrome. (C-1)
- 5-4.62 Recognize signs and symptoms of the patient with Cushing's syndrome. (C-1)
- 5-4.63 Describe the management of Cushing's syndrome. (C-1)
- 5-4.64 Correlate abnormal findings in assessment with clinical significance in the patient with Cushing's syndrome. (C-3)
- 5-4.65 Discuss the management of the patient with Cushing's syndrome. (C-1)
- 5-4.66 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with Cushing's syndrome. (C-3)
- 5-4.67 Discuss the pathophysiology of adrenal insufficiency. (C-1)
- 5-4.68 Recognize signs and symptoms of the patient with adrenal insufficiency. (C-1)
- 5-4.69 Describe the management of adrenal insufficiency. (C-1)
- 5-4.70 Correlate abnormal findings in assessment with clinical significance in the patient with adrenal insufficiency. (C-3)
- 5-4.71 Discuss the management of the patient with adrenal insufficiency. (C-1)
- 5-4.72 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with adrenal insufficiency. (C-3)
- 5-4.73 Integrate the pathophysiological principles to the assessment of a patient with an endocrinological emergency. (C-3)
- 5-4.74 Differentiate between endocrine emergencies based on assessment and history. (C-3)
- 5-4.75 Correlate abnormal findings in the assessment with clinical significance in the patient with endocrinologic emergencies. (C-3)
- 5-4.76 Develop a patient management plan based on field impression in the patient with an endocrinologic emergency. (C-3)

Affective Objectives

N/A None Identified for this unit

Psychomotor Objectives

N/A None Identified for this unit

5. Allergies and Anaphylactic Reaction ⁵⁻⁵

Cognitive Objectives

- 5-5.1 Define allergic reaction. (C-1)
- 5-5.2 Define anaphylaxis. (C-1)
- 5-5.3 Describe the incidence, morbidity and mortality of anaphylaxis. (C-1)
- 5-5.4 Identify the risk factors most predisposing to anaphylaxis. (C-1)
- 5-5.5 Discuss the anatomy and physiology of the organs and structures related to anaphylaxis. (C-1)
- 5-5.6 Describe the prevention of anaphylaxis and appropriate patient education. (C-1)
- 5-5.7 Discuss the pathophysiology of allergy and anaphylaxis. (C-1)
- 5-5.8 Describe the common methods of entry of substances into the body. (C-1)
- 5-5.9 Define natural and acquired immunity. (C-1)
- 5-5.10 Define antigens and antibodies. (C-1)
- 5-5.11 List common antigens most frequently associated with anaphylaxis. (C-1)
- 5-5.12 Discuss the formation of antibodies in the body. (C-1)
- 5-5.13 Describe physical manifestations in anaphylaxis. (C-1)
- 5-5.14 Differentiate manifestations of an allergic reaction from anaphylaxis. (C-3)
- 5-5.15 Recognize the signs and symptoms related to anaphylaxis. (C-1)
- 5-5.16 Differentiate among the various treatment and pharmacological interventions used in the management of anaphylaxis. (C-3)
- 5-5.17 Integrate the pathophysiological principles of the patient with anaphylaxis. (C-3)
- 5-5.18 Correlate abnormal findings in assessment with the clinical significance in the patient with anaphylaxis. (C-3)

5-5.19 Develop a treatment plan based on field impression in the patient with allergic reaction and anaphylaxis. (C-3)

Affective Objectives

N/A None Identified for this unit

Psychomotor Objectives

N/A None Identified for this unit

6. Gastroenterology ⁵⁻⁶

Cognitive Objectives

- 5-6.1 Describe the incidence, morbidity and mortality of gastrointestinal emergencies. (C-1)
- 5-6.2 Identify the risk factors most predisposing to gastrointestinal emergencies. (C-1)
- 5-6.3 Discuss the anatomy and physiology of the organs and structures related to gastrointestinal diseases. (C-1)
- 5-6.4 Discuss the pathophysiology of inflammation and its relationship to acute abdominal pain. (C-1)
- 5-6.5 Define somatic pain as it relates to gastroenterology. (C-1)
- 5-6.6 Define visceral pain as it relates to gastroenterology. (C-1)
- 5-6.7 Define referred pain as it relates to gastroenterology. (C-1)
- 5-6.8 Differentiate between hemorrhagic and non-hemorrhagic abdominal pain. (C-3)
- 5-6.9 Discuss the signs and symptoms of local inflammation relative to acute abdominal pain. (C-1)
- 5-6.10 Discuss the signs and symptoms of peritoneal inflammation relative to acute abdominal pain. (C-1)
- 5-6.11 List the signs and symptoms of general inflammation relative to acute abdominal pain. (C-1)
- 5-6.12 Based on assessment findings, differentiate between local, peritoneal and general inflammation as they relate to acute abdominal pain. (C-3)
- 5-6.13 Describe the questioning technique and specific questions the paramedic should ask when gathering a focused history in a patient with abdominal pain. (C-1)
- 5-6.14 Describe the technique for performing a comprehensive physical examination on a patient complaining of abdominal pain. (C-1)
- 5-6.15 Define upper gastrointestinal bleeding. (C-1)
- 5-6.16 Discuss the pathophysiology of upper gastrointestinal bleeding. (C-1)
- 5-6.17 Recognize the signs and symptoms related to upper gastrointestinal bleeding. (C-1)
- 5-6.18 Describe the management for upper gastrointestinal bleeding. (C-1)
- 5-6.19 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with upper GI bleeding. (C-3)
- 5-6.20 Define lower gastrointestinal bleeding. (C-1)
- 5-6.21 Discuss the pathophysiology of lower gastrointestinal bleeding. (C-1)
- 5-6.22 Recognize the signs and symptoms related to lower gastrointestinal bleeding. (C-1)
- 5-6.23 Describe the management for lower gastrointestinal bleeding. (C-1)
- 5-6.24 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with lower GI bleeding. (C-3)
- 5-6.25 Define acute gastroenteritis. (C-1)
- 5-6.26 Discuss the pathophysiology of acute gastroenteritis. (C-1)
- 5-6.27 Recognize the signs and symptoms related to acute gastroenteritis. (C-1)
- 5-6.28 Describe the management for acute gastroenteritis. (C-1)
- 5-6.29 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with acute gastroenteritis. (C-3)
- 5-6.30 Define colitis. (C-1)
- 5-6.31 Discuss the pathophysiology of colitis. (C-1)
- 5-6.32 Recognize the signs and symptoms related to colitis. (C-1)
- 5-6.33 Describe the management for colitis. (C-1)

- 5-6.34 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with colitis. (C-3)
- 5-6.35 Define gastroenteritis. (C-1)
- 5-6.36 Discuss the pathophysiology of gastroenteritis. (C-1)
- 5-6.37 Recognize the signs and symptoms related to gastroenteritis. (C-1)
- 5-6.38 Describe the management for gastroenteritis. (C-1)
- 5-6.39 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with gastroenteritis. (C-3)
- 5-6.40 Define diverticulitis. (C-1)
- 5-6.41 Discuss the pathophysiology of diverticulitis. (C-1)
- 5-6.42 Recognize the signs and symptoms related to diverticulitis. (C-1)
- 5-6.43 Describe the management for diverticulitis. (C-1)
- 5-6.44 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with diverticulitis. (C-3)
- 5-6.45 Define appendicitis. (C-1)
- 5-6.46 Discuss the pathophysiology of appendicitis. (C-1)
- 5-6.47 Recognize the signs and symptoms related to appendicitis. (C-1)
- 5-6.48 Describe the management for appendicitis. (C-1)
- 5-6.49 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with appendicitis. (C-3)
- 5-6.50 Define peptic ulcer disease. (C-1)
- 5-6.51 Discuss the pathophysiology of peptic ulcer disease. (C-1)
- 5-6.52 Recognize the signs and symptoms related to peptic ulcer disease. (C-1)
- 5-6.53 Describe the management for peptic ulcer disease. (C-1)
- 5-6.54 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with peptic ulcer disease. (C-3)
- 5-6.55 Define bowel obstruction. (C-1)
- 5-6.56 Discuss the pathophysiology of bowel obstruction. (C-1)
- 5-6.57 Recognize the signs and symptoms related to bowel obstruction. (C-1)
- 5-6.58 Describe the management for bowel obstruction. (C-1)
- 5-6.59 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with bowel obstruction. (C-3)
- 5-6.60 Define Crohn's disease. (C-1)
- 5-6.61 Discuss the pathophysiology of Crohn's disease. (C-1)
- 5-6.62 Recognize the signs and symptoms related to Crohn's disease. (C-1)
- 5-6.63 Describe the management for Crohn's disease. (C-1)
- 5-6.64 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with Crohn's disease. (C-3)
- 5-6.65 Define pancreatitis. (C-1)
- 5-6.66 Discuss the pathophysiology of pancreatitis. (C-1)
- 5-6.67 Recognize the signs and symptoms related to pancreatitis. (C-1)
- 5-6.68 Describe the management for pancreatitis. (C-1)
- 5-6.69 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with pancreatitis. (C-3)
- 5-6.70 Define esophageal varices. (C-1)
- 5-6.71 Discuss the pathophysiology of esophageal varices. (C-1)
- 5-6.72 Recognize the signs and symptoms related to esophageal varices. (C-1)
- 5-6.73 Describe the management for esophageal varices. (C-1)
- 5-6.74 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with esophageal varices. (C-3)
- 5-6.75 Define hemorrhoids. (C-1)
- 5-6.76 Discuss the pathophysiology of hemorrhoids. (C-1)
- 5-6.77 Recognize the signs and symptoms related to hemorrhoids. (C-1)

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| 5-6.78 | Describe the management for hemorrhoids. (C-1) |
| 5-6.79 | Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with hemorrhoids. (C-3) |
| 5-6.80 | Define cholecystitis. (C-1) |
| 5-6.81 | Discuss the pathophysiology of cholecystitis. (C-1) |
| 5-6.82 | Recognize the signs and symptoms related to cholecystitis. (C-1) |
| 5-6.83 | Describe the management for cholecystitis. (C-1) |
| 5-6.84 | Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with cholecystitis. (C-3) |
| 5-6.85 | Define acute hepatitis. (C-1) |
| 5-6.86 | Discuss the pathophysiology of acute hepatitis. (C-1) |
| 5-6.87 | Recognize the signs and symptoms related to acute hepatitis. (C-1) |
| 5-6.88 | Describe the management for acute hepatitis. (C-1) |
| 5-6.89 | Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with acute hepatitis. (C-3) |
| 5-6.90 | Integrate pathophysiological principles of the patient with a gastrointestinal emergency. (C-3) |
| 5-6.91 | Differentiate between gastrointestinal emergencies based on assessment findings. (C-3) |
| 5-6.92 | Correlate abnormal findings in the assessment with the clinical significance in the patient with abdominal pain. (C-3) |
| 5-6.93 | Develop a patient management plan based on field impression in the patient with abdominal pain. (C-3) |
| <u>Affective Objectives</u> | |
| N/A | None Identified for this unit |
| <u>Psychomotor Objectives</u> | |
| N/A | None Identified for this unit |

7. Renal-Urology ⁵⁻⁷

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| <u>Cognitive Objectives</u> | |
| 5-7.1 | Describe the incidence, morbidity, mortality, and risk factors predisposing to urological emergencies. (C-1) |
| 5-7.2 | Discuss the anatomy and physiology of the organs and structures related to urogenital diseases. (C-1) |
| 5-7.3 | Define referred pain and visceral pain as it relates to urology. (C-1) |
| 5-7.4 | Describe the questioning technique and specific questions the paramedic should utilize when gathering a focused history in a patient with abdominal pain. (C-1) |
| 5-7.5 | Describe the technique for performing a comprehensive physical examination of a patient complaining of abdominal pain. (C-1) |
| 5-7.6 | Define acute renal failure. (C-1) |
| 5-7.7 | Discuss the pathophysiology of acute renal failure. (C-1) |
| 5-7.8 | Recognize the signs and symptoms related to acute renal failure. (C-1) |
| 5-7.9 | Describe the management for acute renal failure. (C-1) |
| 5-7.10 | Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with acute renal failure. (C-3) |
| 5-7.11 | Define chronic renal failure. (C-1) |
| 5-7.12 | Discuss the pathophysiology of chronic renal failure. (C-1) |
| 5-7.13 | Recognize the signs and symptoms related to chronic renal failure. (C-1) |
| 5-7.14 | Describe the management for chronic renal failure. (C-1) |
| 5-7.15 | Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with chronic renal failure. (C-3) |
| 5-7.16 | Define renal dialysis. (C-1) |
| 5-7.17 | Discuss the common complication of renal dialysis. (C-1) |
| 5-7.18 | Define renal calculi. (C-1) |
| 5-7.19 | Discuss the pathophysiology of renal calculi. (C-1) |

- 5-7.20 Recognize the signs and symptoms related to renal calculi. (C-1)
- 5-7.21 Describe the management for renal calculi. (C-1)
- 5-7.22 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with renal calculi. (C-3)
- 5-7.23 Define urinary tract infection. (C-1)
- 5-7.24 Discuss the pathophysiology of urinary tract infection. (C-1)
- 5-7.25 Recognize the signs and symptoms related to urinary tract infection. (C-1)
- 5-7.26 Describe the management for a urinary tract infection. (C-1)
- 5-7.27 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with a urinary tract infection. (C-3)
- 5-7.28 Apply the epidemiology to develop prevention strategies for urological emergencies. (C-2)
- 5-7.29 Integrate pathophysiological principles to the assessment of a patient with abdominal pain. (C-3)
- 5-7.30 Synthesize assessment findings and patient history information to accurately differentiate between pain of a urogenital emergency and that of other origins. (C-3)
- 5-7.31 Develop, execute, and evaluate a treatment plan based on the field impression made in the assessment. (C-3)

Affective Objectives

N/A None Identified for this unit

Psychomotor Objectives

N/A None Identified for this unit

8. Toxicology ⁵⁻⁸

Cognitive Objectives

- 5-8.1 Describe the incidence, morbidity and mortality of toxic emergencies. (C-1)
- 5-8.2 Identify the risk factors most predisposing to toxic emergencies. (C-1)
- 5-8.3 Discuss the anatomy and physiology of the organs and structures related to toxic emergencies. (C-1)
- 5-8.4 Describe the routes of entry of toxic substances into the body. (C-1)
- 5-8.5 Discuss the role of the Poison Control Center in the United States. (C-1)
- 5-8.6 List the toxic substances that are specific to your region. (C-1)
- 5-8.7 Discuss the pathophysiology of the entry of toxic substances into the body. (C-1)
- 5-8.8 Discuss the assessment findings associated with various toxidromes. (C-1)
- 5-8.9 Identify the need for rapid intervention/transport of the patient with a toxic substance emergency. (C-1)
- 5-8.10 Discuss the management of toxic substances. (C-1)
- 5-8.11 Define poisoning by ingestion. (C-1)
- 5-8.12 List the most common poisonings by ingestion. (C-1)
- 5-8.13 Describe the pathophysiology of poisoning by ingestion. (C-1)
- 5-8.14 Recognize the signs and symptoms related to the most common poisonings by ingestion. (C-1)
- 5-8.15 Correlate the abnormal findings in assessment with the clinical significance in the patient with the most common poisonings by ingestion. (C-1)
- 5-8.16 Differentiate among the various treatments and pharmacological interventions in the management of the most common poisonings by ingestion. (C-3)
- 5-8.17 Discuss the factors affecting the decision to induce vomiting in a patient with ingested poison. (C-1)
- 5-8.18 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with the most common poisonings by ingestion. (C-3)
- 5-8.19 Define poisoning by inhalation. (C-1)
- 5-8.20 List the most common poisonings by inhalation. (C-1)
- 5-8.21 Describe the pathophysiology of poisoning by inhalation. (C-1)
- 5-8.22 Recognize the signs and symptoms related to the most common poisonings by inhalation. (C-1)
- 5-8.23 Correlate the abnormal findings in assessment with the clinical significance in patients with the most common poisonings by inhalation. (C-1)

- 5-8.24 Differentiate among the various treatments and pharmacological interventions in the management of the most common poisonings by inhalation. (C-3)
- 5-8.25 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with the most common poisonings by inhalation. (C-3)
- 5-8.26 Define poisoning by injection. (C-1)
- 5-8.27 List the most common poisonings by injection. (C-1)
- 5-8.28 Describe the pathophysiology of poisoning by injection. (C-1)
- 5-8.29 Recognize the signs and symptoms related to the most common poisonings by injection. (C-1)
- 5-8.30 Correlate the abnormal findings in assessment with the clinical significance in the patient with the most common poisonings by injection. (C-3)
- 5-8.31 Differentiate among the various treatments and pharmacological interventions in the management of the most common poisonings by injection. (C-3)
- 5-8.32 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with the most common poisonings by injection. (C-3)
- 5-8.33 Define poisoning by surface absorption. (C-1)
- 5-8.34 List the most common poisonings by surface absorption. (C-1)
- 5-8.35 Describe the pathophysiology of poisoning by surface absorption. (C-1)
- 5-8.36 Recognize the signs and symptoms related to the most common poisonings by surface absorption. (C-1)
- 5-8.37 Correlate the abnormal findings in assessment with the clinical significance in patients with the most common poisonings by surface absorption. (C-3)
- 5-8.38 Differentiate among the various treatments and pharmacological interventions in the management of the most common poisonings by surface absorption. (C-3)
- 5-8.39 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for patients with the most common poisonings by surface absorption. (C-3)
- 5-8.40 Define poisoning by overdose. (C-1)
- 5-8.41 List the most common poisonings by overdose. (C-1)
- 5-8.42 Describe the pathophysiology of poisoning by overdose. (C-1)
- 5-8.43 Recognize the signs and symptoms related to the most common poisonings by overdose. (C-1)
- 5-8.44 Correlate the abnormal findings in assessment with the clinical significance in patients with the most common poisonings by overdose. (C-3)
- 5-8.45 Differentiate among the various treatments and pharmacological interventions in the management of the most common poisonings by overdose. (C-3)
- 5-8.46 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for patients with the most common poisonings by overdose. (C-3)
- 5-8.47 Define drug abuse. (C-1)
- 5-8.48 Discuss the incidence of drug abuse in the United States. (C-1)
- 5-8.49 Define the following terms: (C-1)
Substance or drug abuse | Substance or drug dependence | Tolerance | Withdrawal | Addiction
- 5-8.50 List the most commonly abused drugs (both by chemical name and street names). (C-1)
- 5-8.51 Describe the pathophysiology of commonly used drugs. (C-1)
- 5-8.52 Recognize the signs and symptoms related to the most commonly abused drugs. (C-1)
- 5-8.53 Correlate the abnormal findings in assessment with the clinical significance in patients using the most commonly abused drugs. (C-3)
- 5-8.54 Differentiate among the various treatments and pharmacological interventions in the management of the most commonly abused drugs. (C-3)
- 5-8.55 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for patients using the most commonly abused drugs. (C-3)
- 5-8.56 List the clinical uses, street names, pharmacology, assessment finding and management for patient who have taken the following drugs or been exposed to the following substances: (C-1)
Cocaine | Marijuana and cannabis compounds | Amphetamines and amphetamine-like drugs | Barbiturates | Sedative-hypnotics | Cyanide | Narcotics/Opiates | Cardiac medications | Caustics | Common

| | |
|--------|--|
| | household substances Drugs abused for sexual purposes/ sexual gratification Carbon monoxide Alcohols Hydrocarbons Psychiatric medications Newer anti-depressants and serotonin syndromes Lithium MAO inhibitors Non-prescription pain medications (Nonsteroidal anti-inflammatory agents, Salicylates, Acetaminophen) Theophylline Metals Plants and mushrooms |
| 5-8.57 | Discuss common causative agents, pharmacology, assessment findings and management for a patient with food poisoning. (C-1) |
| 5-8.58 | Discuss common offending organisms, pharmacology, assessment findings and management for a patient with a bite or sting. (C-1) |
| 5-8.59 | Integrate pathophysiological principles of the patient with a toxic substance exposure. (C-1) |
| 5-8.60 | Differentiate between toxic substance emergencies based on assessment findings. (C-3) |
| 5-8.61 | Correlate abnormal findings in the assessment with the clinical significance in the patient exposed to a toxic substance. (C-3) |
| 5-8.62 | Develop a patient management plan based on field impression in the patient exposed to a toxic substance. (C-3) |
| | <u>Affective Objectives</u> |
| N/A | None Identified for this unit |
| | <u>Psychomotor Objectives</u> |
| N/A | None Identified for this unit |

9. Hematology ⁵⁻⁹

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|--------|---|
| | <u>Cognitive Objectives</u> |
| 5-9.1 | Identify the anatomy of the hematopoietic system. (C-1) |
| 5-9.2 | Describe volume and volume-control related to the hematopoietic system. (C-1) |
| 5-9.3 | Identify and describe the blood-forming organs. (C-1) |
| 5-9.4 | Describe normal red blood cell (RBC) production, function and destruction. (C-1) |
| 5-9.5 | Explain the significance of the hematocrit with respect to red cell size and number. (C-1) |
| 5-9.6 | Explain the correlation of the RBC count, hematocrit and hemoglobin values. (C-1) |
| 5-9.7 | Define anemia. (C-1) |
| 5-9.8 | Describe normal white blood cell (WBC) production, function and destruction. (C-1) |
| 5-9.9 | Identify the characteristics of the inflammatory process. (C-1) |
| 5-9.10 | Identify the difference between cellular and humoral immunity. (C-1) |
| 5-9.11 | Identify alterations in immunologic response. (C-1) |
| 5-9.12 | Describe the number, normal function, types and life span of leukocytes. (C-1) |
| 5-9.13 | List the leukocyte disorders. (C-1) |
| 5-9.14 | Describe platelets with respect to normal function, life span and numbers. (C-1) |
| 5-9.15 | Describe the components of the hemostatic mechanism. (C-1) |
| 5-9.16 | Describe the function of coagulation factors, platelets and blood vessels necessary for normal coagulation. (C-1) |
| 5-9.17 | Describe the intrinsic and extrinsic clotting systems with respect to identification of factor deficiencies in each stage. (C-3) |
| 5-9.18 | Identify blood groups. (C-1) |
| 5-9.19 | Describe how acquired factor deficiencies may occur. (C-3) |
| 5-9.20 | Define fibrinolysis. (C-1) |
| 5-9.21 | Identify the components of physical assessment as they relate to the hematologic system. (C-1) |
| 5-9.22 | Describe the pathology and clinical manifestations and prognosis associated with: (C-3) Anemia Leukemia Lymphomas Polycythemia Disseminated intravascular coagulopathy Hemophilia Sickle cell disease Multiple myeloma |
| 5-9.23 | Integrate pathophysiological principles into the assessment of a patient with hematologic disease. (C-3) |
| | <u>Affective Objectives</u> |
| 5-9.24 | Value the sense of urgency for initial assessment and interventions for patients with hematologic crises. |

Psychomotor Objectives

5-9.25 Perform an assessment of the patient with hematologic disorder. (P-1)

10. Environmental Emergencies ⁵⁻¹⁰

Cognitive Objectives

- 5-10.1 Define "environmental emergency." (C-1)
- 5-10.2 Describe the incidence, morbidity and mortality associated with environmental emergencies. (C-1)
- 5-10.3 Identify risk factors most predisposing to environmental emergencies. (C-1)
- 5-10.4 Identify environmental factors that may cause illness or exacerbate a preexisting illness. (C-1)
- 5-10.5 Identify environmental factors that may complicate treatment or transport decisions. (C-1)
- 5-10.6 List the principal types of environmental illnesses. (C-1)
- 5-10.7 Define "homeostasis" and relate the concept to environmental influences. (C-1)
- 5-10.8 Identify normal, critically high and critically low body temperatures. (C-1)
- 5-10.9 Describe several methods of temperature monitoring. (C-1)
- 5-10.10 Identify the components of the body's thermoregulatory mechanism. (C-1)
- 5-10.11 Describe the general process of thermal regulation, including substances used and wastes generated. (C-1)
- 5-10.12 Describe the body's compensatory process for over heating. (C-1)
- 5-10.13 Describe the body's compensatory process for excess heat loss. (C-1)
- 5-10.14 List the common forms of heat and cold disorders. (C-1)
- 5-10.15 List the common predisposing factors associated with heat and cold disorders. (C-1)
- 5-10.16 List the common preventative measures associated with heat and cold disorders. (C-1)
- 5-10.17 Integrate the pathophysiological principles and complicating factors common to environmental emergencies and discuss differentiating features between emergent and urgent presentations. (C-3)
- 5-10.18 Define heat illness. (C-1)
- 5-10.19 Describe the pathophysiology of heat illness. (C-1)
- 5-10.20 Identify signs and symptoms of heat illness. (C-1)
- 5-10.21 List the predisposing factors for heat illness. (C-1)
- 5-10.22 List measures to prevent heat illness. (C-1)
- 5-10.23 Discuss the symptomatic variations presented in progressive heat disorders. (C-1)
- 5-10.24 Relate symptomatic findings to the commonly used terms: heat cramps, heat exhaustion, and heatstroke. (C-3)
- 5-10.25 Correlate the abnormal findings in assessment with their clinical significance in the patient with heat illness. (C-3)
- 5-10.26 Describe the contribution of dehydration to the development of heat disorders. (C-1)
- 5-10.27 Describe the differences between classical and exertional heatstroke. (C-1)
- 5-10.28 Define fever and discuss its pathophysiologic mechanism. (C-1)
- 5-10.29 Identify the fundamental thermoregulatory difference between fever and heatstroke. (C-1)
- 5-10.30 Discuss how one may differentiate between fever and heatstroke. (C-1)
- 5-10.31 Discuss the role of fluid therapy in the treatment of heat disorders. (C-1)
- 5-10.32 Differentiate among the various treatments and interventions in the management of heat disorders. (C-3)
- 5-10.33 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient who has dehydration, heat exhaustion, or heatstroke. (C-3)
- 5-10.34 Define hypothermia. (C-1)
- 5-10.35 Describe the pathophysiology of hypothermia. (C-1)
- 5-10.36 List predisposing factors for hypothermia. (C-1)
- 5-10.37 List measures to prevent hypothermia. (C-1)
- 5-10.38 Identify differences between mild and severe hypothermia. (C-1)
- 5-10.39 Describe differences between chronic and acute hypothermia. (C-1)
- 5-10.40 List signs and symptoms of hypothermia. (C-1)

- 5-10.41 Correlate abnormal findings in assessment with their clinical significance in the patient with hypothermia. (C-3)
- 5-10.42 Discuss the impact of severe hypothermia on standard BCLS and ACLS algorithms and transport considerations. (C-1)
- 5-10.43 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient who has either mild or severe hypothermia. (C-3)
- 5-10.44 Define frostbite. (C-1)
- 5-10.45 Define superficial frostbite (frostnip). (C-1)
- 5-10.46 Differentiate between superficial frostbite and deep frostbite. (C-3)
- 5-10.47 List predisposing factors for frostbite. (C-1)
- 5-10.48 List measures to prevent frostbite. (C-1)
- 5-10.49 Correlate abnormal findings in assessment with their clinical significance in the patient with frostbite. (C-3)
- 5-10.50 Differentiate among the various treatments and interventions in the management of frostbite. (C-3)
- 5-10.51 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with superficial or deep frostbite. (C-3)
- 5-10.52 Define near-drowning. (C-1)
- 5-10.53 Describe the pathophysiology of near-drowning. (C-1)
- 5-10.54 List signs and symptoms of near-drowning. (C-1)
- 5-10.55 Describe the lack of significance of fresh versus saltwater immersion, as it relates to near-drowning. (C-3)
- 5-10.56 Discuss the incidence of "wet" versus "dry" drownings and the differences in their management. (C-3)
- 5-10.57 Discuss the complications and protective role of hypothermia in the context of near-drowning. (C-1)
- 5-10.58 Correlate the abnormal findings in assessment with the clinical significance in the patient with near-drowning. (C-3)
- 5-10.59 Differentiate among the various treatments and interventions in the management of near-drowning. (C-3)
- 5-10.60 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the near-drowning patient. (C-3)
- 5-10.61 Define self-contained underwater breathing apparatus (SCUBA). (C-1)
- 5-10.62 Describe the laws of gasses and relate them to diving emergencies. (C-1)
- 5-10.63 Describe the pathophysiology of diving emergencies. (C-1)
- 5-10.64 Define decompression illness (DCI). (C-1)
- 5-10.65 Identify the various forms of DCI. (C-1)
- 5-10.66 Identify the various conditions that may result from pulmonary over-pressure accidents. (C-1)
- 5-10.67 Differentiate between the various diving emergencies. (C-3)
- 5-10.68 List signs and symptoms of diving emergencies. (C-1)
- 5-10.69 Correlate abnormal findings in assessment with their clinical significance in the patient with a diving related illness. (C-3)
- 5-10.70 Describe the function of the Divers Alert Network (DAN) and how its members may aid in the management of diving related illnesses. (C-1)
- 5-10.71 Differentiate among the various treatments/interventions for the management of diving accidents. (C-3)
- 5-10.72 Describe the specific function and benefit of hyperbaric oxygen therapy for the management of diving accidents. (C-1)
- 5-10.73 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a management plan for the patient who has had a diving accident. (C-3)
- 5-10.74 Define altitude illness. (C-1)
- 5-10.75 Describe the application of gas laws to altitude illness. (C-2)
- 5-10.76 Describe the etiology and epidemiology of altitude illness. (C-1)
- 5-10.77 List predisposing factors for altitude illness. (C-1)
- 5-10.78 List measures to prevent altitude illness. (C-1)
- 5-10.79 Define acute mountain sickness (AMS). (C-1)

- 5-10.80 Define high altitude pulmonary edema (HAPE). (C-1)
- 5-10.81 Define high altitude cerebral edema (HACE). (C-1)
- 5-10.82 Discuss the symptomatic variations presented in progressive altitude illnesses. (C-1)
- 5-10.83 List signs and symptoms of altitude illnesses. (C-1)
- 5-10.84 Correlate abnormal findings in assessment with their clinical significance in the patient with altitude illness. (C-3)
- 5-10.85 Discuss the pharmacology appropriate for the treatment of altitude illnesses. (C-1)
- 5-10.86 Differentiate among various treatments and interventions for the management of altitude illness. (C-3)
- 5-10.87 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient who has altitude illness. (C-1)
- 5-10.88 Integrate the pathophysiological principles of the patient affected by an environmental emergency. (C-3)
- 5-10.89 Differentiate between environmental emergencies based on assessment findings. (C-3)
- 5-10.90 Correlate abnormal findings in the assessment with their clinical significance in the patient affected by an environmental emergency. (C-3)
- 5-10.91 Develop a patient management plan based on the field impression of the patient affected by an environmental emergency. (C-3)

Affective Objectives

N/A None Identified for this unit

Psychomotor Objectives

N/A None Identified for this unit

11. Infectious Disease ⁵⁻¹¹

Cognitive Objectives

- 5-11.1 Review the specific anatomy and physiology pertinent to infectious and communicable diseases. (C-1)
- 5-11.2 Define specific terminology identified with infectious/ communicable diseases. (C-1)
- 5-11.3 Discuss public health principles relevant to infectious/ communicable disease. (C-1)
- 5-11.4 Identify public health agencies involved in the prevention and management of disease outbreaks. (C-1)
- 5-11.5 List and describe the steps of an infectious process. (C-1)
- 5-11.6 Discuss the risks associated with infection. (C-1)
- 5-11.7 List and describe the stages of infectious diseases. (C-1)
- 5-11.8 List and describe infectious agents, including bacteria, viruses, fungi, protozoans, and helminths (worms). (C-1)
- 5-11.9 Describe host defense mechanisms against infection. (C-1)
- 5-11.10 Describe characteristics of the immune system, including the categories of white blood cells, the reticuloendothelial system (RES), and the complement system. (C-1)
- 5-11.11 Describe the processes of the immune system defenses, to include humoral and cell-mediated immunity. (C-1)
- 5-11.12 In specific diseases, identify and discuss the issues of personal isolation. (C-1)
- 5-11.13 Describe and discuss the rationale for the various types of PPE. (C-1)
- 5-11.14 Discuss what constitutes a significant exposure to an infectious agent. (C-1)
- 5-11.15 Describe the assessment of a patient suspected of, or identified as having, an infectious/ communicable disease. (C-1)
- 5-11.16 Discuss the proper disposal of contaminated supplies (sharps, gauze sponges, tourniquets, etc.). (C-1)
- 5-11.17 Discuss disinfection of patient care equipment, and areas in which care of the patient occurred. (C-1)
- 5-11.18 Discuss the following relative to HIV - causative agent, body systems affected and potential secondary complications, modes of transmission, the seroconversion rate after direct significant exposure, susceptibility and resistance, signs and symptoms, specific patient management and personal protective measures, and immunization. (C-1)

- 5-11.19 Discuss Hepatitis A (infectious hepatitis), including the causative agent, body systems affected and potential secondary complications, routes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.20 Discuss Hepatitis B (serum hepatitis), including the causative agent, the organ affected and potential secondary complications, routes of transmission, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.21 Discuss the susceptibility and resistance to Hepatitis B. (C-1)
- 5-11.22 Discuss Hepatitis C, including the causative agent, the organ affected, routes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization and control measures. (C-1)
- 5-11.23 Discuss Hepatitis D (Hepatitis delta virus), including the causative agent, the organ affected, routes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization and control measures. (C-1)
- 5-11.24 Discuss Hepatitis E, including the causative agent, the organ affected, routes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization and control measures. (C-1)
- 5-11.25 Discuss tuberculosis, including the causative agent, body systems affected and secondary complications, routes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization and control measures. (C-1)
- 5-11.26 Discuss meningococcal meningitis (spinal meningitis), including causative organisms, tissues affected, modes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization and control measures. (C-1)
- 5-11.27 Discuss other infectious agents known to cause meningitis including streptococcus pneumonia, hemophilus influenza type b, and other varieties of viruses. (C-1)
- 5-11.28 Discuss pneumonia, including causative organisms, body systems affected, routes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.29 Discuss tetanus, including the causative organism, the body system affected, modes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.30 Discuss rabies and hantavirus as they apply to regional environmental exposures, including the causative organisms, the body systems affected, routes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization and control measures. (C-1)
- 5-11.31 Identify pediatric viral diseases. (C-3)
- 5-11.32 Discuss chickenpox, including the causative organism, the body system affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization and control measures. (C-1)
- 5-11.33 Discuss mumps, including the causative organism, the body organs and systems affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.34 Discuss rubella (German measles), including the causative agent, the body tissues and systems affected, modes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.35 Discuss measles (rubeola, hard measles), including the causative organism, the body tissues, organs, and systems affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.36 Discuss the importance of immunization, and those diseases, especially in the pediatric population, which warrant widespread immunization (MMR). (C-1)
- 5-11.37 Discuss pertussis (whooping cough), including the causative organism, the body organs affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)

- 5-11.38 Discuss influenza, including causative organisms, the body system affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.39 Discuss mononucleosis, including the causative organisms, the body regions, organs, and systems affected, modes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.40 Discuss herpes simplex type 1, including the causative organism, the body regions and system affected, modes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.41 Discuss the characteristics of, and organisms associated with, febrile and afebrile respiratory disease, to include bronchiolitis, bronchitis, laryngitis, croup, epiglottitis, and the common cold. (C-1)
- 5-11.42 Discuss syphilis, including the causative organism, the body regions, organs, and systems affected, modes of transmission, susceptibility and resistance, stages of signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.43 Discuss gonorrhea, including the causative organism, the body organs and associated structures affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.44 Discuss chlamydia, including the causative organism, the body regions, organs, and systems affected, modes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.45 Discuss herpes simplex 2 (genital herpes), including the causative organism, the body regions, tissues, and structures affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.46 Discuss scabies, including the etiologic agent, the body organs affected, modes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.47 Discuss lice, including the infesting agents, the body regions affected, modes of transmission and host factors, susceptibility and resistance, signs and symptoms, patient management and protective measures, and prevention. (C-1)
- 5-11.48 Describe lyme disease, including the causative organism, the body organs and systems affected, mode of transmission, susceptibility and resistance, phases of signs and symptoms, patient management and control measures, and immunization. (C-1)
- 5-11.49 Discuss gastroenteritis, including the causative organisms, the body system affected, modes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
- 5-11.50 Discuss the local protocol for reporting and documenting an infectious/ communicable disease exposure. (C-1)
- 5-11.51 Articulate the pathophysiological principles of an infectious process given a case study of a patient with an infectious/ communicable disease. (C-3)
- 5-11.52 Articulate the field assessment and management, to include safety considerations, of a patient presenting with signs and symptoms suggestive of an infectious/ communicable disease. (C-3)
- Affective Objectives
- 5-11.53 Advocate compliance with standards and guidelines by role modeling adherence to universal/ standard precautions and BSI. (A-1)
- 5-11.54 Value the importance of immunization, especially in children and populations at risk. (A-1)
- 5-11.55 Value the safe management of a patient with an infectious/ communicable disease. (A-2)
- 5-11.56 Advocate respect for the feelings of patients, family, and others at the scene of an infectious/ communicable disease. (A-2)
- 5-11.57 Advocate empathy for a patient with an infectious/ communicable disease. (A-2)
- 5-11.58 Value the importance of infectious/ communicable disease control. (A-2)
- 5-11.59 Consistently demonstrate the use of body substance isolation. (A-2)
- Psychomotor Objectives
- 5-11.60 Demonstrate the ability to comply with body substance isolation guidelines. (P-2)

- 5-11.61 Perform an assessment of a patient with an infectious/ communicable disease. (P-2)
- 5-11.62 Effectively and safely manage a patient with an infectious/ communicable disease, including airway and ventilation care, support of circulation, pharmacological intervention, transport considerations, psychological support/ communication strategies, and other considerations as mandated by local protocol. (P-2)

12. Behavioral Emergencies ⁵⁻¹²

Cognitive Objectives

- 5-12.1 Define behavior and distinguish between normal and abnormal behavior. (C-1)
- 5-12.2 Define behavioral emergency. (C-1)
- 5-12.3 Discuss the prevalence of behavior and psychiatric disorders. (C-1)
- 5-12.4 Discuss the factors that may alter the behavior or emotional status of an ill or injured individual. (C-1)
- 5-12.5 Describe the medical legal considerations for management of emotionally disturbed patients. (C-1)
- 5-12.6 Discuss the pathophysiology of behavioral and psychiatric disorders. (C-1)
- 5-12.7 Describe the overt behaviors associated with behavioral and psychiatric disorders. (C-1)
- 5-12.8 Define the following terms: (C-1)
Affect | Anger | Anxiety | Confusion | Depression | Fear | Mental status | Open-ended question | Posture
- 5-12.9 Describe the verbal techniques useful in managing the emotionally disturbed patient. (C-1)
- 5-12.10 List the reasons for taking appropriate measures to ensure the safety of the patient, paramedic and others. (C-1)
- 5-12.11 Describe the circumstances when relatives, bystanders and others should be removed from scene. (C-1)
- 5-12.12 Describe the techniques that facilitate the systematic gathering of information from the disturbed patient. (C-1)
- 5-12.13 List situations in which the EMT-P is expected to transport a patient forcibly and against his will. (C-1)
- 5-12.14 Identify techniques for physical assessment in a patient with behavioral problems. (C-1)
- 5-12.15 Describe methods of restraint that may be necessary in managing the emotionally disturbed patient. (C-1)
- 5-12.16 List the risk factors for suicide. (C-1)
- 5-12.17 List the behaviors that may be seen indicating that patient may be at risk for suicide. (C-1)
- 5-12.18 Integrate the pathophysiological principles with the assessment of the patient with behavioral and psychiatric disorders. (C-3)
- 5-12.19 Differentiate between the various behavioral and psychiatric disorders based on the assessment and history. (C-3)
- 5-12.20 Formulate a field impression based on the assessment findings. (C-3)
- 5-12.21 Develop a patient management plan based on the field impressions. (C-3)

Affective Objectives

- 5-12.22 Advocate for empathetic and respectful treatment for individuals experiencing behavioral emergencies. (A-3)

Psychomotor Objectives

- 5-12.23 Demonstrate safe techniques for managing and restraining a violent patient. (P-1)

13. Gynecology ⁵⁻¹³

Cognitive Objectives

- 5-13.1 Review the anatomic structures and physiology of the female reproductive system. (C-1)
- 5-13.2 Identify the normal events of the menstrual cycle. (C-1)
- 5-13.3 Describe how to assess a patient with a gynecological complaint. (C-1)
- 5-13.4 Explain how to recognize a gynecological emergency. (C-1)
- 5-13.5 Describe the general care for any patient experiencing a gynecological emergency. (C-1)
- 5-13.6 Describe the pathophysiology, assessment, and management of specific gynecological emergencies. (C-1)

Affective Objectives

- 5-13.7 Value the importance of maintaining a patient's modesty and privacy while still being able to obtain necessary information. (A-2)
- 5-13.8 Defend the need to provide care for a patient of sexual assault, while still preventing destruction of crime scene information. (A-3)
- 5-13.9 Serve as a role model for other EMS providers when discussing or caring for patients with gynecological emergencies. (A-3)

Psychomotor Objectives

- 5-13.10 Demonstrate how to assess a patient with a gynecological complaint. (P-2)
- 5-13.11 Demonstrate how to provide care for a patient with: (P-2)
Excessive vaginal bleeding | Abdominal pain | Sexual assault

14. Obstetrics⁵⁻¹⁴

Cognitive Objectives

- 5-14.1 Review the anatomic structures and physiology of the reproductive system. (C-1)
- 5-14.2 Identify the normal events of pregnancy. (C-1)
- 5-14.3 Describe how to assess an obstetrical patient. (C-1)
- 5-14.4 Identify the stages of labor and the paramedic's role in each stage. (C-1)
- 5-14.5 Differentiate between normal and abnormal delivery. (C-3)
- 5-14.6 Identify and describe complications associated with pregnancy and delivery. (C-1)
- 5-14.7 Identify predelivery emergencies. (C-1)
- 5-14.8 State indications of an imminent delivery. (C-1)
- 5-14.9 Explain the use of the contents of an obstetrics kit. (C-2)
- 5-14.10 Differentiate the management of a patient with predelivery emergencies from a normal delivery. (C-3)
- 5-14.11 State the steps in the predelivery preparation of the mother. (C-1)
- 5-14.12 Establish the relationship between body substance isolation and childbirth. (C-3)
- 5-14.13 State the steps to assist in the delivery of a newborn. (C-1)
- 5-14.14 Describe how to care for the newborn. (C-1)
- 5-14.15 Describe how and when to cut the umbilical cord. (C-1)
- 5-14.16 Discuss the steps in the delivery of the placenta. (C-1)
- 5-14.17 Describe the management of the mother post-delivery. (C-1)
- 5-14.18 Summarize neonatal resuscitation procedures. (C-1)
- 5-14.19 Describe the procedures for handling abnormal deliveries. (C-1)
- 5-14.20 Describe the procedures for handling complications of pregnancy. (C-1)
- 5-14.21 Describe the procedures for handling maternal complications of labor. (C-1)
- 5-14.22 Describe special considerations when meconium is present in amniotic fluid or during delivery. (C-1)
- 5-14.23 Describe special considerations of a premature baby. (C-1)

Affective Objectives

- 5-14.24 Advocate the need for treating two patients (mother and baby). (A-2)
- 5-14.25 Value the importance of maintaining a patient's modesty and privacy during assessment and management. (A-2)
- 5-14.26 Serve as a role model for other EMS providers when discussing or performing the steps of childbirth. (A-3)

Psychomotor Objectives

- 5-14.27 Demonstrate how to assess an obstetric patient. (P-2)
- 5-14.28 Demonstrate how to provide care for a patient with: (P-2)
Excessive vaginal bleeding | Abdominal pain | Hypertensive crisis
- 5-14.29 Demonstrate how to prepare the obstetric patient for delivery. (P-2)
- 5-14.30 Demonstrate how to assist in the normal cephalic delivery of the fetus. (P-2)
- 5-14.31 Demonstrate how to deliver the placenta. (P-2)
- 5-14.32 Demonstrate how to provide post-delivery care of the mother. (P-2)
- 5-14.33 Demonstrate how to assist with abnormal deliveries. (P-2)

5-14.34 Demonstrate how to care for the mother with delivery complications. (P-2)