



INSTRUCTIONAL PACKAGE

EMS 230

Advanced Emergency Medical Care I

201910

Fall 2019

INSTRUCTIONAL PACKAGE

PART I: COURSE INFORMATION

Effective Term: 201910

COURSE PREFIX: EMS 230
CONTACT HOURS: 3-6-5

COURSE TITLE: Advanced Emergency Medical Care I
CREDIT HOURS: 5

RATIONALE FOR THE COURSE:

Advanced Emergency Medical Care I will allow students to rapidly and accurately interpret ECG tracings in variable clinical settings, determine the presence of lethal arrhythmias, and demonstrate current treatment modalities of these arrhythmias. Students will be presented with steps for cardiac assessment and findings that may be present in clinical patients along with treatment modalities for potentially lethal conditions such as myocardial infarction, congestive heart failure, and serious electrolyte imbalance. Such conditions may be determined by ECG and require prompt medical care. Emphasis will be on proper operation of equipment for accurate ECG interpretation, defibrillation, synchronized cardioversion and troubleshooting electrical equipment. Additionally, this course studies concepts related to pharmacological actions of groups of drugs and includes the development of skills related to the administration of medications and intravenous therapy. Also includes physiology of systems affected drug action.

COURSE DESCRIPTION:

This course provides an introduction to pre-hospital pharmacology and cardiology as they relate specifically to patient care. Emphasis is placed on the appropriate methods for patient physical exams and solicitation of medical history to maximize patient outcomes.

PREREQUISITES/CO-REQUISITES:

Prerequisites: EMS 119, EMS 210 and EMS 220
Co-requisites: EMS 116, EMS 230, and EMS 238

REQUIRED MATERIALS:

Please visit the Bookstore online site for most current textbook information. Use the direct link below to find textbooks.

[BOOKSTORE.](#)

Enter the semester, course prefix, number and section when prompted and you will be linked to the correct textbook.

ADDITIONAL REQUIREMENTS:

Stethoscope

Receives calls from dispatchers, responds verbally to emergency calls, reads maps, drives ambulances to emergency sites, uses most expeditious route, and observes traffic ordinances and regulations. Works as a member of a two-person team.

Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultate breath sounds, makes determination regarding patient status, establishes priority for emergency

care, renders appropriate emergency care (based upon competency and certification level); may administer intravenous drugs of fluid replacement as directed by a physician and based upon competency and certification level. May use equipment (based upon competency and certification level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airways and to ventilate patient, inflates pneumatic counter-pressure devices to improve patient's blood circulation.

Assisting in lifting, carrying, and transporting patient to ambulance and on to a medical facility. Reassures patients and bystanders, avoids mishandling patient and undue haste, and searches for medical identification emblem to aid in care. Extricates patients from entrapment, assess extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.

Complies with regulations in handling deceased, notifies authorities, and arranges for protection of property and evidence at scene. Determines appropriate facility to which patient will be transported, report nature and extent of injuries or illness to the facility, ask for direction from hospital physician or emergency department (based upon competency and certification level). Observes patient enroute and administers care as directed by physician or emergency department or according to published protocol based on competency and certification level. Identifies diagnostic signs that require communication with facility. Assist in removing patient from ambulance and into emergency facility. Reports verbally and in writing observations about and care of patients at the scene and enroute to facility, provides assistance to emergency staff as required.

Replaces supplies, prepares and / or sends used supplies for sterilization and / or disposal in accordance with state and OSHA regulations and published standard operating procedures. Checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure, maintains familiarity with all specialized equipment.

ALL EMT's MUST BE ABLE TO PERFORM THESE ESSENTIAL JOB FUNCTIONS:

Ability to communicate verbally, via telephone and radio equipment;

Ability to lift, carry, and balance up to 125 pounds (250 pounds with assistance);

Ability to read and interpret written, oral, and diagnostic form instructions;

Ability to use good sound judgment and remain calm in high-stress situations;

Ability to work effectively in an environment with loud noises and flashing lights;

Ability to function efficiently throughout an entire work shift;

Ability to calculate weight and volume ratios and read small print, both under life threatening time constraints;

Ability to read and understand English language manuals and road maps;

Accurately discern street signs and address numbers;

Ability to interview patient, family members, and bystanders;

Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such;

Ability to converse in English with co-workers and hospital staff as to status of patient;

Good manual dexterity, with ability to perform all tasks related to highest quality patient care;

Ability to bend, stoop, and crawl on uneven terrain;

Ability to withstand varied environmental conditions such as extreme heat, cold, and moisture;

Ability to work in low light, confined spaces and other dangerous environments.

TECHNICAL REQUIREMENTS:

Access to Desire2Learn (D2L), HGTC's student portal for course materials.

WaveNet and D2L email access.

CLASSROOM / HOSPITAL ETIQUETTE:

As a matter of courtesy to other students and your professor, please turn off cell phones and other communication/entertainment devices before class begins. If you are monitoring for an emergency, please notify your professor prior to class and switch cell phone ringers to vibrate.

PART II: STUDENT LEARNING OUTCOMES

To prepare competent entry-level Emergency Medical Technician – Paramedics in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains.

COURSE LEARNING OUTCOMES

Module #1

Material Covered:

Chapters 38-40

Assessments:

Online quizzes located in Desire2Learn

Skills Verification check sheets

Module #1 Test

Learning Outcomes:

1. Describe four factors that affect how a person deals with exposure to a cold or hot environment and how each one relates to emergency medical care. (p 1889)
2. Explain the four different ways a body can lose heat and ways the rate and amount of heat loss or gain can be modified in an emergency situation. (pp 1891-1892)
3. Describe the various forms of illnesses caused by heat exposure, the signs and symptoms, and the people who are at the greatest risk of developing one of them. (pp 1892-1894)
4. Explain emergency medical care of a patient who has sustained a heat injury, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1893-1899)
5. Explain local cold injuries and the underlying causes. (pp 1899-1900)

6. Describe the process of providing emergency medical care of a patient who has sustained a local cold injury, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1901-1902)
7. Discuss hypothermia, including its definition, the signs and symptoms of its four different stages, the risk factors for developing it, and its management and treatment. (pp 1902-1907)
8. Explain the importance of following protocols in wilderness EMS operations. (p 1907)
9. Discuss drowning, including its definition, incidence, risk factors, assessment, treatment, and prevention. (pp 1907-1911)
10. Describe the various types of diving emergencies and the process of providing emergency medical care to a patient who has been involved in a diving emergency, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1911-1918)
11. Discuss the types of dysbarism injuries that may be caused by high altitudes, including the signs and symptoms and emergency medical treatment in the field. (pp 1918-1921)
12. Discuss lightning injuries, including the incidence, risk factors, assessment, and emergency medical treatment. (pp 1921-1922)
13. Discuss the emergency medical care of patients who have been stung by hymenoptera, including steps the paramedic should follow if a patient develops a severe reaction to the sting or bite. (pp 1923-1924)
14. Identify the species of arachnids (spiders, scorpions, and ticks) found in the United States that may cause life-threatening injuries, and the emergency medical care of patients who have been bitten by each type. (pp 1926-1929)
15. Describe how paramedics, the field code team, and the emergency medical services agency can incorporate the latest Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care from the American Heart Association and International Liaison Committee on Resuscitation into the management of field codes. (pp 1945, 1947-1957, 1962-1970)
16. Discuss the importance of the five links of the out-of-hospital chain of survival during a successful field code. (p 1945)
17. Describe the management mnemonic SMART, including how communities can apply it to improve the survival rates of patients in out-of-hospital cardiac arrest. (pp 1945-1946)
18. Discuss the use of simulation technology in cardiopulmonary resuscitation (CPR) training. (pp 1946-1947)
19. Describe the resuscitation pyramid and how it relates to high-quality CPR. (p 1947)
20. Discuss some of the theories about blood flow during CPR that have shifted the focus of certain CPR techniques. (p 1948)
21. Summarize the steps of the Basic Life Support Healthcare Provider Adult Cardiac Arrest Algorithm and identify the key to a successful outcome in patients in cardiac arrest. (pp 1948-1950)
22. Explain how two-rescuer CPR can benefit the paramedic and the patient. (p 1951)
23. Explain how to perform two-rescuer adult CPR, including the method for switching positions during the process. (pp 1951-1953)
24. Define the five age groups for the purposes of resuscitation. (pp 1951, 1953)
25. Explain how to perform child and infant CPR, including the method for switching positions during the process. (pp 1954-1957)
26. Discuss guidelines for circumstances that require the use of an automated external defibrillator on both adult and pediatric patients in cardiac arrest. (pp 1957-1958)
27. Describe situations in which manual or automated defibrillation would be appropriate. (p 1957)
28. Describe how to manage a witnessed cardiac arrest versus a nonwitnessed cardiac arrest. (pp 1958-1959)
29. Summarize how to perform manual or automated defibrillation on an adult versus a child or infant. (pp 1959-1960)
30. Explain special situations related to the use of defibrillation. (p 1961)

31. Review the management of a cardiac arrest based on analysis of the electrocardiogram as either a shockable rhythm (ventricular fibrillation [VF] or pulseless ventricular tachycardia [pVT]) or a nonshockable rhythm (pulseless electrical activity [PEA] or asystole). (pp 1964-1967)
32. Describe the possible causes and treatment of cardiac rhythms (the "Hs and Ts"), including how the management of these conditions begins in the field. (p 1966)
33. Discuss the different mechanical adjuncts to circulation that are used to assist in delivering chest compressions during CPR. (pp 1967-1969)
34. Describe the general steps of post-resuscitative care and the importance of transporting the patient to the most appropriate facility. (p 1969)
35. Describe the ethical issues related to patient resuscitation, including examples of when not to start CPR on a patient. (pp 1969-1970)
36. Explain the various factors involved in the decision to stop CPR after it has been started on a patient. (pp 1970-1971)
37. Discuss the value of scene choreography and crew resource management during a field code. (pp 1970-1972)
38. Describe the typical roles of the code team leader and code team members during a field code. (p 1972)
39. Describe the importance of debriefing after a field code. (p 1973)
40. List examples of peri-arrest conditions that critical patients can present with in the field. (p 1983)
41. Describe the process of determining a differential diagnosis in the field assessment of a critical patient. (pp 1983-1985)
42. Discuss the rapid decision making involved in the assessment and management of a critical patient. (pp 1985-1987)
43. List examples of bias that can affect your critical decision making. (p 1985)
44. Describe the body's physiologic response to changes in perfusion. (pp 1988-1991)
45. Discuss the pathophysiology of shock and peri-arrest situations. (pp 1991-1993)
46. Describe the effects of decreased perfusion at the capillary level. (pp 1993-1994)
47. Define shock in relation to aerobic and anaerobic metabolism. (pp 1994-1996)
48. Predict shock based on mechanism of injury. (pp 1997-1998)
49. Relate pulse pressure changes to perfusion status. (p 1999)
50. Relate orthostatic vital sign changes to perfusion status. (p 1999)
51. Discuss the progression of shock. (pp 1998-2000)
52. Discuss the pathophysiologic changes associated with compensated shock. (p 1999)
53. Discuss the pathophysiologic changes associated with decompensated (hypotensive) shock. (p 1999)
54. Differentiate between compensated and decompensated shock. (p 1999)
55. Discuss the assessment findings associated with compensated shock. (pp 2000-2002)
56. Discuss the assessment findings associated with decompensated shock. (pp 2000-2002)
57. Discuss the assessment findings associated with shock and the peri-arrest situations. (pp 2000-2002)
58. Identify the need for intervention and transport of the patient with compensated shock. (pp 2001-2002)
59. Identify the need for intervention and transport of the patient with decompensated shock. (pp 2001-2002)
60. Identify the need for intervention and transport of the patient with shock or other peri-arrest situations. (pp 2001-2002)
61. Discuss the treatment plan and management of compensated shock. (pp 2003-2005, 2015)
62. Discuss the treatment plan and management of the patient with decompensated shock. (pp 2003-2005, 2015)
63. Discuss the treatment plan and management of shock and other peri-arrest situations. (pp 2003-2005, 2015)
64. Describe the pathophysiology, assessment, and management of specific types of shock, including cardiogenic, obstructive, distributive, and hypovolemic shock. (pp 2005-2015)

Module #2 – Drug Calculations

Material Covered:

Easy 4-Step Method to Drug Calculations

Assessments:

Complete classroom calculations

Module #2 Test

Learning Outcomes:

Discuss the systems of weights and measures used when administering medication.

Explain principles of drug dose calculations, including desired dose, concentration on hand, volume on hand, volume to administer, and IV drip rate.

Module #3 – Respiratory**Material Covered:**

Chapter 16

Assessments:

Online quizzes located in Desire2Learn

Skills Verification check sheets

Module #3 Test

Learning Outcomes:

1. Discuss the morbidity and mortality of respiratory illness in the United States. (p 904)
2. Recall the primary structures of the respiratory system and the role of the respiratory system in breathing, cardiovascular regulation, and renal function. (pp 905-909)
3. Define hypoventilation and hyperventilation, including examples of conditions associated with each. (pp 909-911)
4. Describe the proper measures to ensure scene safety when called to care for a patient with dyspnea. (p 911)
5. Describe factors that contribute to a general impression of the patient's condition and an accurate estimation of his or her degree of respiratory distress. (pp 912-919)
6. Explain the typical presentation of a patient with dyspnea and the signs and symptoms that indicate a high level of respiratory distress. (pp 912-914)
7. Identify breathing alterations that may indicate respiratory distress, and the signs of increased work of breathing. (pp 913-914)
8. Identify the signs of lung consolidation, including abnormal breath sounds associated with excessive fluid in the lungs. (pp 915-917)
9. Explain how to assess the adequacy of the circulation of a patient with dyspnea. (pp 918, 920-921)
10. Describe the abnormal breathing patterns associated with neurologic insults that depress the respiratory center in the brain. (pp 918-920)
11. Discuss how transport decisions are made for patients with respiratory distress. (p 921)
12. Describe how to investigate the chief complaint of a patient who is having trouble breathing. (pp 921-922)
13. Identify each component of the SAMPLE history as it applies to patients with dyspnea. (pp 922-923)
14. Describe the components of the physical examination of a patient with dyspnea. (pp 923-925)
15. Describe the devices used to monitor patients with respiratory complaints. (pp 925-927)
16. Describe interventions available for treating patients with dyspnea. (pp 927-936)

17. Explain the pathophysiology, assessment, and management of a patient with upper airway inflammation caused by infection. (pp 936-938)
18. Explain the pathophysiology, assessment, and management of a patient with an obstructive lower airway disease. (pp 939-944)
19. Explain the three features that characterize asthma and how each is treated. (pp 939-941)
20. Compare the signs and symptoms of asthma, emphysema, chronic bronchitis, and restrictive lung diseases. (pp 939-944)
21. Discuss complications that can cause a patient with chronic obstructive pulmonary disease (COPD) to decompensate. (pp 942-943)
22. Explain the concepts of hypoxic drive and auto PEEP as they relate to COPD. (pp 943-944)
23. Explain the pathophysiology, assessment, and management of patients with pulmonary infections, atelectasis, cancer, toxic inhalations, pulmonary edema, and acute respiratory distress syndrome. (pp 944-948)
24. Explain the pathophysiology, assessment, and management of patients with pneumothorax, pleural effusion, and pulmonary embolism. (pp 948-949)

Module #4 – EKG Analysis & Interpretation

Material Covered:

Walraven Basic Arrhythmia

Assessments:

Complete classroom EKG Analysis & Interpretation
Module #4 Test

Learning Outcomes:

1. Give the uses and limitations of cardiac arrhythmia monitoring
2. Explain how cardiac impulses are formed
3. Describe the heart's electrical conduction system.
4. Explain the influence of the nervous system on rate of cardiac impulse formation.
5. Describe the monitoring equipment used to detect cardiac electrical activity.
6. Cite specifications of the graph paper used to display cardiac electrical activity.
7. Relate the components of a single cardiac cycle to the electrophysiological events that created them.
8. Differentiate between a single cardiac cycle and an EKG rhythm strip.
9. Relate the use of a systematic analysis format to the eventual interpretation of an arrhythmia.
10. Outline the five components of an organized approach to rhythm strip analysis.
11. Describe the characteristic of a sinus pacemaker.
12. Outline the identifying features specific to the arrhythmias origination in the sinus node.
13. Describe the characteristics of an atrial pacemaker.
14. Outline the identifying features specific to each of the arrhythmias originating within the atrium.
15. Describe the characteristics of a junctional pacemaker
16. Outline the identifying features specific to each of the arrhythmias originating in the AV junction.
17. Describe the characteristics of the category if arrhythmias known as AV heart blocks.
18. Outline the identifying features specific to each of the arrhythmias included in the heart block category.
19. Describe the characteristics of a ventricular pacemaker.
20. Outline the identifying features specific to each of the arrhythmias originating in the ventricles.
21. Describe the heart's location and structure.
22. Identify the four internal chambers of the heart.
23. Describe the four ventricles of the heart.

24. Describe the heart walls and the pericardial sac.
25. Explain the heart's valves.
26. Identify the four heart sounds.
27. Explain systole and diastole.
28. Explain coronary circulation.
29. Identify the heart's surfaces.
30. Describe the clinical effects of arrhythmias.
31. Explain the general principles of treating arrhythmias.
32. Explain the advantages of a 12-lead EKG tracing.
33. State the fundamental rules of electrocardiology.
34. Explain leads and electrodes placement.
35. Explain the vectors and axis of electrical flow through the heart.
36. Describe the standardized format for printing 12 lead EKG's.
37. State the limitations of 12-lead EKG's.
38. Explain interpreting myocardial damage on the EKG.
39. Explain interpreting chambers enlargement on the EKG.
40. Explain interpreting bundle branch block on the EKG.
41. Explain interpreting other abnormalities on the EKG.
42. Explain the format for analyzing the EKG.
43. Describe pacemakers.
44. Name the chambers of the heart that a pacemaker can initiate impulses.
45. Describe a "smart" pacemaker.
46. Explain the two basic ways in which pacemakers can initiate impulses.
47. Explain the three-letter code system used to classify pacemakers.
48. Explain assessment of pacemaker function.
49. Name and describe four common types of pacemaker malfunctions
50. Explain how pacemakers malfunction is treated.

Module #5 – Cardiovascular

Material Covered:

Chapter 17

Assessments:

Online quizzes located in Desire2Learn

Skills Verification check sheets

Module #5 Test

Learning Outcomes:

1. Review the main structures and functions of the cardiovascular system's anatomy and physiology. (pp 961-963)
2. Summarize the general assessment of a patient with a cardiovascular emergency. (pp 964-968)
3. Explain the phases that comprise the cardiac action potential. (pp 969-970)
4. Identify the structure and course of all divisions and subdivisions of the cardiac conduction system. (pp 971-972)
5. Explain the significance of accessory conduction pathways. (p 972)
6. Recall how the autonomic nervous system influences blood pressure. (pp 972-973)
7. Describe the limitations of 3-lead electrocardiogram (ECG) monitoring. (p 975)
8. Indicate the placement of 12-lead ECG electrodes. (pp 975-981, 1025)

9. Define contiguous leads and precordial leads; include examples of each. (pp 979-981)
10. Indicate the placement of right-sided precordial leads and posterior lead electrodes. (pp 979-981)
11. Indicate the placement of 15- and 18-lead ECG electrodes. (p 981)
12. Identify the components of an ECG rhythm strip. (pp 982-985)
13. Outline a systematic approach to the analysis and interpretation of cardiac dysrhythmias. (pp 985-987)
14. Explain normal sinus rhythm and the ECG characteristics, possible causes, signs and symptoms, and initial emergency care of dysrhythmias originating in the sinoatrial node. (pp 987-993)
15. Explain the emergency medical care for the symptomatic adult patient with bradycardia. (pp 988-991)
16. Explain the ECG characteristics, possible causes, signs and symptoms, and initial emergency medical care for dysrhythmias originating in the atria. (pp 993-1001)
17. Explain the emergency medical care for the symptomatic adult patient with tachycardia. (pp 995-999)
18. Explain the ECG characteristics, possible causes, signs and symptoms, and initial emergency care for dysrhythmias originating in the atrioventricular (AV) junction. (pp 1001-1003)
19. Explain the ECG characteristics, possible causes, signs and symptoms, and initial emergency care for dysrhythmias originating in the ventricles. (pp 1003-1014)
20. Evaluate the dysrhythmias seen in cardiac arrest. (pp 1006-1007, 1014)
21. Compare the indications and procedure for manual defibrillation with the indications and procedure for operating an automated external defibrillator (AED). (pp 1007-1008, 1010-1013)
22. Explain the emergency medical care of the adult patient with cardiac arrest (pp 1007-1018)
23. Describe the components of post-cardiac arrest care. (pp 1017-1018)
24. Explain the ECG characteristics, possible causes, signs and symptoms, and initial emergency care for AV blocks. (pp 1019-1022)
25. Describe the ECG characteristics of artificial pacemaker rhythms. (pp 1022-1023)
26. Give examples of indications for using a 12-lead ECG. (p 1023)
27. Explain a systematic approach to the interpretation of the 12-lead ECG. (pp 1025-1039)
28. Recognize the characteristic ECG changes associated with myocardial ischemia, injury, and infarction. (pp 1029-1034)
29. Explain the etiology, history, physical findings, and management of acute coronary syndromes. (pp 1039-1049)
30. Describe risk factors related to cardiovascular disease. (pp 1039-1041)
31. Explain angina pectoris, including its causes and types. (pp 1040-1049)
32. Explain patient assessment procedures for cardiovascular issues. (pp 1042-1043)
33. Summarize preparation for reperfusion therapy in patients with ST segment elevation myocardial infarction. (pp 1044-1049)
34. Discuss the pathophysiology of heart failure and its signs, symptoms, and treatment. (pp 1049-1055)
35. Discuss the pathophysiology of cardiac tamponade and its signs, symptoms, and treatment. (pp 1055-1056)
36. Discuss the pathophysiology of cardiogenic shock and its signs, symptoms, and treatment. (pp 1056-1057)
37. Discuss the pathophysiology of a hypertensive emergency and its signs, symptoms, and treatment. (pp 1057-1060)
38. Explain the etiology, history, physical findings, and management of endocarditis, pericarditis, and myocarditis, and other infectious diseases of the heart. (pp 1060-1062)
39. Explain the etiology, history, physical findings, and management of aortic aneurysm, acute arterial occlusion, and acute deep vein thrombosis, and other vascular disorders. (pp 1062-1065)

Module #6 - Neurology

Material Covered:

Chapter 18

Assessments:

Online quizzes located in Desire2Learn
Skills Verification check sheets
Module #6 Test

Learning Outcomes:

1. Describe the incidence, morbidity, and mortality of neurologic emergencies. (pp 1080-1081)
2. Review the anatomy and physiology of the organs and structures that make up the nervous system. (pp 1081-1084)
3. Explain the importance of taking standard precautions and ensuring scene safety when caring for a patient with a neurologic illness. (p 1085)
4. Describe how to determine level of consciousness (LOC) when assessing a patient with a neurologic illness. (pp 1085-1087)
5. Compare the characteristics of decorticate and decerebrate posturing, including the likely implications of each for the patient's outcome. (pp 1086-1087)
6. Identify the abnormal respiratory patterns associated with central nervous system illness. (pp 1087-1088)
7. List the signs of increased intracranial pressure. (pp 1088-1089)
8. Compare how to investigate a chief complaint in an unresponsive patient with how you would do so in a responsive patient. (p 1089)
9. Review the components of the physical exam that are unique to a patient with a neurologic illness. (pp 1090-1096)
10. Specify several speech and movement difficulties that can reveal a diminished LOC. (pp 1093-1096)
11. Review the standard guidelines and interventions for treating a patient with a neurologic illness. (pp 1097-1099)
12. Describe the factors that influence the development of multifactorial neurologic conditions. (p 1099)
13. Explain the pathophysiology, assessment, and management of stroke. (pp 1099-1109)
14. Compare the causes, signs, and symptoms of vascular neurologic conditions that occur suddenly with those that develop gradually. (pp 1100-1101)
15. Compare the pathophysiology of ischemic (occlusive) stroke with that of hemorrhagic stroke. (p 1101)
16. Specify how contents of the cranial vault interact to increase intracranial pressure, and the major conditions that result. (pp 1101-1102)
17. Describe several tools used to screen for stroke. (pp 1105-1107)
18. Explain transient ischemic attack as it relates to stroke. (p 1109)
19. Explain the pathophysiology, assessment, and management of seizure, including how to differentiate stroke from seizure. (pp 1113-1116)
20. Compare generalized seizures with partial seizures, including how seizures are further classified. (pp 1113-1115)
21. Explain the pathophysiology, assessment, and management of status epilepticus. (pp 1116-1117)
22. Explain the pathophysiology, assessment, and management of syncope. (pp 1117-1118)
23. Explain the pathophysiology, assessment, and management of the most common types of headaches. (pp 1118-1119)
24. Explain the pathophysiology, assessment, and management of dementia, including the causes, signs and symptoms, and typical course of several common types. (pp 1119-1120)
25. Identify the types of neoplasms that affect the nervous system. (pp 1119, 1121)
26. Analyze the common features of demyelinating conditions. (p 1121)
27. Explain the pathophysiology, assessment, and management of multiple sclerosis. (pp 1121-1122)
28. Explain the pathophysiology, assessment, and management of Guillain-Barré syndrome. (pp 1122-1123)
29. Explain the pathophysiology, assessment, and management of Parkinson disease. (p 1123)

30. Explain the pathophysiology, assessment, and management of amyotrophic lateral sclerosis. (pp 1123-1124)
31. List several cranial nerve disorders, including the shared characteristics. (pp 1124-1126)
32. Explain the pathophysiology, assessment, and management of dystonia. (pp 1126-1127)
33. Describe the types of pathogenic organisms that can infect the nervous system; include the signs and symptoms of a nervous system infection. (pp 1127-1128)
34. Explain the pathophysiology, assessment, and management of an abscess. (p 1129)
35. Explain the pathophysiology, assessment, and management of poliomyelitis. (p 1129)
36. Explain pathophysiology, assessment, and management of peripheral neuropathy. (pp 1129-1130)

PART III: GRADING AND ASSESSMENT

EVALUATION OF REQUIRED COURSE MEASURES/ARTIFACTS

Students' performance will be assessed and the weight associated with the various measures/artifacts are listed below.

EVALUATION

Quizzes	15%
Tests	60%
Comprehensive Final	25%
Total	100%

GRADING SYSTEM:

A = 100 – 90, B = 89- 80, C = 79 – 70, D = 69 – 60, F = 59 and below.

Grades earned in courses impact academic progression and financial aid status. Before withdrawing from a course, be sure to talk with your instructor and financial aid counselor about the implications of that course of action. Ds, Fs, Ws, WFs and Is also negatively impact academic progression and financial aid status.

The Add/Drop Period is the first 5 days of the semester for **full term** classes. Add/Drop periods are shorter for accelerated format courses. Please refer to the academic calendar for deadlines for add/drop ([ACADEMIC CALENDAR](#)). You must attend at least one meeting of all of your classes during that period. If you do not, you will be dropped from the course(s) and your Financial Aid will be reduced accordingly.

Part IV: Attendance

Horry-Georgetown Technical College maintains a general attendance policy requiring students to be present for a minimum of 80 percent (80%) of their classes in order to receive credit for any course. Due to the varied nature of courses taught at the college, some faculty may require up to 90 percent (90%) attendance. Pursuant to 34 Code of Federal Regulations 228.22 - Return to Title IV Funds, once a student has missed over 20% of the course or has missed two (2) consecutive weeks, the faculty is obligated to withdraw the student and a student may not be permitted to reenroll. **Instructors define absentee limits for their class at the beginning of each term.**

In Accordance with SC DHEC – Bureau of EMS a student may miss 10% of the total classroom hours for any

reason. Under extenuating circumstances, the program coordinator may allow the student to miss **up to a total** of 20% of the total classroom hours. The student is responsible for documenting in writing to the program coordinator's satisfaction, the extenuating circumstances. The program coordinator is under NO obligation to accept the student's documentation or extend the student the additional 10% in allotted absences. The student should also understand that arriving to class late or leaving class early counts towards the allotted hours of time missed. Once the student exceeds the hours of absences, the student will be terminated from the course and will not be eligible to attempt the National Registry examination.

Part V: Student Resources

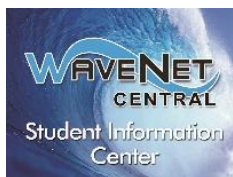


The Student Success and Tutoring Center (SSTC)

The SSTC offers to all students the following **free** resources:

1. **Academic coaches** for most subject areas, **Writing Center Support**, and **college success skills**.
2. **On-line student success and academic support resources**.

Visit the SSTC website: [Student Success & Tutoring Center](#) and visit the student services tab in your WaveNet account to schedule appointments using TutorTrac. For more information, call: SSTC Conway, 349-7872; SSTC Grand Strand, 477-2113; and SSTC Georgetown, 520-1455 or go to the [Online Resource Center](#) to access on-demand resources any time.



Student Information Center: WaveNet Central (WNC)

WNC offers to all students the following **free** resources:

1. **Getting around HGTC**: General information and guidance for enrollment!
2. Use the [Online Resource Center \(ORC\)](#) for COMPASS support, technology education, and online tools.
3. **Drop-in technology support or scheduled training** in the Center or in class.
4. **In-person workshops, online tutorials and more services** are available.

Visit the WNC website: [Wavenet Central](#). Live Chat and Center locations are posted on the website. Or please call one of the following locations: WNC Conway, 349-5182; WNC Grand Strand, 477-2076; and WNC Georgetown, 520-1473.

Disability Services:

HGTC is committed to providing an accessible environment for students with disabilities. Inquiries may be

directed to Beth Havens, Director of Student Development on the Conway Campus Jaime Davis, Counselor/Advisor on the Georgetown Campus or Kristin Griffin, Counselor on the Grand Strand Campus. These individuals will review documentation of the student’s disability and, in a confidential setting with the student, develop an educational accommodation plan.

Note: It is the student’s responsibility to self-identify as needing accommodations and to provide acceptable documentation. After a student has self-identified and submitted documentation of a disability, accommodations may be determined, accepted, and provided.

Statement of Equal Opportunity/Non-Discrimination Statement

Horry-Georgetown Technical College prohibits discrimination and harassment, including sexual harassment and abuse, on the basis of race, color, sex, national or ethnic origin, age, religion, disability, marital or family status, veteran status, political ideas, sexual orientation, gender identity, or pregnancy, childbirth, or related medical conditions, including, but not limited to, lactation in educational programs and/or activities.

Inquiries regarding the non-discrimination policies: Students and prospective student inquiries concerning Section 504, Title II, and Title IX and their application to the College or any student decision may be directed to the Vice President for Student Affairs, Dr. Melissa Batten, VP Student Affairs, Title IX Coordinator, Building 1100, Room 107A, Conway Campus, PO Box 261966, Conway, SC 29528-6066, 843-349-5228, Melissa.Batten@hgtc.edu. Employee and applicant inquiries concerning Section 504, Title II, and Title IX and their application to the College may be directed to the Vice President for Human Resources, Jacquelyne Snyder, VP Human Resources, Section 504, Title II, and Title IX Coordinator, Building 200, Room 212A, Conway Campus, PO Box 261966, Conway, SC 29528-6066, 843-349-5212, Jacquelyne.Snyder@hgtc.edu.

Title IX Requirements

All students (as well as other persons) at Horry-Georgetown Technical College are protected by Title IX— regardless of their sex, sexual orientation, gender identity, part- or full-time status, disability, race, or national origin—in all aspects of educational programs and activities. Any student, or other member of the college community, who believes that he/she is or has been a victim of sexual harassment or sexual violence may file a report with the college’s Chief Student Services Officer, campus law enforcement, or with the college’s Title IX Coordinator, or designee.

*Faculty and Staff are required to report incidents to the Title IX Coordinators when involving students. The only HGTC employees exempt from mandatory reporting are licensed mental health professionals (only as part of their job description such as counseling services).

<p>Inquiries regarding the non-discrimination policies:</p>	
<p>Student and prospective student inquiries concerning Section 504, Title II, and Title IX and their application to the College or any student decision may be directed to the Vice President for Student Affairs.</p>	<p>Employee and applicant inquiries concerning Section 504, Title II, and Title IX and their application to the College may be directed to the Vice President for Human Resources.</p>

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Accident Occurring on or off Campus

Accidents involving Faculty, Staff and Student Workers (work-study, clinical student or students on a required internship):

An accident/illness involving faculty, staff or student worker must be reported immediately to the Human Resources Department (843.349.7134) before seeking medical treatment, if possible, so an accident/incident report can be completed and Worker's Compensation can be notified. In the event someone in Human Resources cannot be notified, the injured party may contact the College's Worker's Compensation insurance carrier, CompEndium Services, to complete an accident/incident report and to receive clearance for treatment at 877.709.2667. If the incident is an emergency, please notify Human Resources as soon as the proper medical attention has been rendered for verification of workers' compensation coverage.

In any event, if an accident occurs, proper documentation needs to be completed. An accident report needs to be filled out stating the name of the injured party, the location of the accident, his/her identification number (social or H number), his/her address & phone number, the date & time of the accident, whether there were witnesses, and a brief description of what occurred. Attached is a copy of the Accident/Incident Report form. A copy of the report needs to be distributed to the following departments: Human Resources, the respective Supervisor, and the Dean/Provost of the specific campus.