



INSTRUCTIONAL PACKAGE

EMS 240

Advanced Emergency Medical Care II

Effective Term

Fall 2024/Spring 2025/Summer 2025

INSTRUCTIONAL PACKAGE

Part I: Course Information

Effective Term: Fall 2024/Spring 2025/Summer 2025

COURSE PREFIX: EMS 240

COURSE TITLE: Advanced Emergency Medical Care II

CONTACT HOURS: 3-6-5

CREDIT HOURS: 5

RATIONALE FOR THE COURSE:

To develop in the student a working knowledge of pathophysiology and modalities of treatment used in the pre-hospital emergency treatment of medical emergencies, pediatrics, geriatrics and assessment-based management.

COURSE DESCRIPTION:

This course is a study of complex recurring emergency medical conditions that encompasses all stages of the patient's life span.

PREREQUISITES/CO-REQUISITES:

Prerequisites: EMS 116, EMS 224, EMS 230, EMS 238

Corequisites: EMS 117, EMS 118, EMS 241, EMS 248, EMS 272

***Online/Hybrid** courses require students to complete the [Distance Learning Orientation Video](#) prior to enrolling in an online course.

REQUIRED MATERIALS:

Please visit the [BOOKSTORE](#) online site for most current textbook information.

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

ADDITIONAL REQUIREMENTS:

Computer access, Background Check, Urine Drug Screen, Immunization Requirements & Health Physical.

Additional Technical Requirements Specific to EMS

Paramedic Functional Job Analysis / Technical Standards Paramedic Characteristics

The Paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The Paramedic must have excellent judgement and be able to prioritize decisions and act quickly in the best interest of the patient, must be self-disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups.

Must be able to function independently at optimum level in a non-structured environment that is constantly changing.

Even though the Paramedic is generally part of a two-person team generally working with a lower skill and knowledge level Basic EMT, it is the Paramedic who is held responsible for safe and therapeutic administration of drugs including narcotics. Therefore, the Paramedic must not only be knowledgeable about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholinergics, cholinergics, muscle relaxants, anti-dysrhythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, ophthalmics, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, antiinflammatories, serums, vaccines, anti-parasitics, and others.

The Paramedic is personally responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one's own pharmacological knowledge base current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.

The responsibility of the Paramedic includes obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage and dosage. The Paramedic must take into consideration that many factors, in relation to the history given, can affect the type medication to be given. For example, some patients may be taking several medications prescribed by several different doctors and some may lose track of what they have or have not taken. Some may be using nonprescription/over the counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and in some instances, food, is imperative. The Paramedic must also take into consideration the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind that drugs may cross the placenta.

The Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of aging such as the way skin can tear in the geriatric population with relatively little to no pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Paramedic must be thorough in report writing and able

to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/medications is essential. Once medication is stopped or not used, the Paramedic must send back unused portions to proper inventory arena.

The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal pre- cautions and body substance isolation, disposing of contaminated items and equipment properly.

The Paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes, and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patient's needs and the effect that occurs.

The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.

The Paramedic is a person who must not only remain calm while working in difficult and stressful circumstances, but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgement along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The Paramedic must be able to provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life- threatening emergency situations.

The Paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body

condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's, the Paramedic's, and other workers' well-being must not be jeopardized.

Comments

The Paramedic provides the most extensive pre-hospital care and may work for fire departments, private ambulance services, police departments or hospitals. Response times for nature of work are dependent upon nature of call. For example, a Paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the Paramedic who works primarily with 911 calls in districts known to have high crime rates. Thus, the particular stresses inherent in the role of the Paramedic can vary, depending on place and type of employment.

However, in general, in the analyst's opinion, the Paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex and care of the patient must be started immediately. In essence, the Paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance. The Paramedic must be able to make accurate independent judgements while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

Use of the telephone or radio dispatch for coordination of prompt emergency services is required, as is a pager, depending on place of employment. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to dispatcher and other concerned staff, one's impression of patient's condition, is critical as the Paramedic works in emergency conditions where there may not be time for deliberation. The Paramedic must also be able to accurately report orally and in writing, all relevant patient data. At times, reporting may require a detailed narrative on extenuating circumstances or conditions that go beyond what is required on a prescribed form. In some instances, the Paramedic must enter data on computer from a laptop in ambulance. Verbal skills and reasoning skills are used extensively.

Source: USDOT 1998 National Standard Paramedic Curriculum

TECHNICAL REQUIREMENTS:

Access to Desire2Learn (D2L), HGTC's learning management system (LMS) used for course materials.

Access to myHGTC portal for student self-services.

College email access – this is the college's primary official form of communication.

STUDENT IDENTIFICATION VERIFICATION:

Students enrolled in online courses will be required to participate in a minimum of one (1) proctored assignment and/or one (1) virtual event to support student identification verification. Please refer to your Instructor Information Sheet for information regarding this requirement.

CLASSROOM 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.

NETIQUETTE: is the term commonly used to refer to conventions adopted by Internet users on the web, mailing lists, public forums, and in live chat focused on online communications etiquette. For more information regarding Netiquette expectations for distance learning courses, please visit [Online Netiquette](#).

Part II: Student Learning Outcomes

COURSE LEARNING OUTCOMES and ASSESSMENTS*:

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

1. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with a gastroenterological problem.
2. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with a toxic exposure.
3. Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with a renal or urologic problem.
4. Integrate the pathophysiological principles of the hematopoietic system to formulate a field impression and implement a treatment plan.
5. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with an environmentally induced or exacerbated medical or traumatic condition.
6. Describe and demonstrate safe, empathetic competence in caring for patients with behavioral emergencies.
7. Utilize gynecological principles and assessment findings to formulate a field impression and implement the management plan for the patient experiencing a gynecological emergency.
8. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for a neonatal patient.
9. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the pediatric patient.

10. Integrate the pathophysiological principles and the assessment findings to formulate and implement a treatment plan for the geriatric patient.
11. Integrate the assessment findings to formulate a field impression and implement a treatment plan for the patient who has sustained abuse or assault.
12. Integrate pathophysiological and psychosocial principles to adapt the assessment and treatment plan for diverse patients and those who face physical, mental, social, and financial challenges.
13. Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the acute deterioration of a chronic care patient.

Module #1

Material Covered:

Chapter 42: Obstetrics

Chapter 43: Neonatal Care

Chapter 44: Pediatric Emergencies

Chapter 45: Geriatric Emergencies

Chapter 46: Patients with Special Challenges

Assessments:

Chapter quizzes located in Desire2Learn

Module #1 Test

FISDAP Exam 1 – OB/Gyn Emergencies

FISDAP Exam 2 – Pediatric Emergencies

Learning Outcomes:

Chapter 42

1. Describe the process of conception and fetal development, from ovulation to the fetal stage. (pp 2327–2329)
2. Discuss the various functions of the placenta. (p 2328)
3. Understand the normal changes that occur in the various body systems during pregnancy. (pp 2327–2332)
4. Be aware of special considerations involving pregnancy in different cultures and with teenage patients. (pp 2332–2333)
5. Describe commonly used obstetric terminology. (p 2333)
6. Discuss the process of assessing a patient who is experiencing an emergency related to pregnancy or who is in labor. (pp 2333–2336)
7. Describe the indications of an imminent delivery. (pp 2336–2337)
8. Discuss complications related to pregnancy, including substance misuse, supine hypotensive disorder, heart disease, hypertensive disorders, seizures, diabetes, respiratory disorders, hyperemesis gravidarum, renal disorders, Rh sensitization, and infections. (pp 2338–2343)

9. Discuss bleeding during pregnancy, including third-trimester bleeding and its potential causes and management. (pp 2343–2347)
10. Differentiate between the three stages of labor. (pp 2347–2348)
11. Explain the steps involved in normal delivery management. (pp 2349–2354)
12. Explain the necessary care of the baby as the head appears. (p 2352)
13. Describe the procedure followed to cut and tie the umbilical cord. (p 2354)
14. Describe delivery of the placenta. (p 2354)
15. Discuss management of labor complications, including premature rupture of membranes, preterm labor, fetal distress, and uterine rupture. (pp 2356–2357)
16. Discuss management of high-risk pregnancy considerations, including precipitous labor and birth, post-term pregnancy, meconium staining, fetal macrosomia, multiple gestation, intrauterine fetal death, amniotic fluid embolism, hydramnios, and cephalopelvic disproportion. (pp 2357–2359)
17. Discuss management of delivery complications, including cephalic presentation, breech presentation, shoulder dystocia, nuchal cord, and prolapsed umbilical cord. (pp 2359–2362)
18. Discuss management of postpartum complications, including uterine inversion, postpartum hemorrhage, pulmonary embolism, and postpartum depression. (pp 2362–2364)
19. Discuss concerns related to trauma in the pregnant patient, including assessment and management of the woman and the unborn fetus. (pp 2364–2368)
20. Discuss management of maternal cardiac arrest. (pp 2367–2368)

Chapter 43

1. Explain terminology associated with infants, including newborn versus neonate. (pp 2378–2380)
2. List antepartum and intrapartum risk factors that can lead to a need for neonatal resuscitation. (p 2379)
3. Discuss the process of transitioning from a fetus to a newborn. (pp 2379–2380)
4. List causes of delayed transition in newborns. (pp 2380–2381)
5. Discuss measures to take to prepare for neonatal resuscitation. (pp 2384–2387)
6. List equipment for neonatal resuscitation. (p 2382)
7. Discuss the initial steps of assessment for neonates, including drying and warming, positioning, suctioning, and stimulation. (pp 2380–2387)
8. Explain how to measure essential parameters for neonates, including pulse rate, color, and respiratory effort. (pp 2380–2387)
9. Discuss Apgar scores, including how and when to obtain them. (pp 2383–2384)
10. Discuss how to determine whether a neonate requires resuscitation. (pp 2380–2387)
11. Discuss methods used to improve oxygenation during neonatal resuscitation, including the use of positive end-expiratory pressure, free-flow oxygen, oral airways, and bag-mask devices. (pp 2388–2392)

12. Describe the technique for using a bag-mask device on a neonate. (pp 2389–2390)
13. Discuss when endotracheal intubation is required in a neonate. (pp 2390–2392)
14. Describe vascular access considerations in the neonate. (pp 2394–2395)
15. Discuss pharmacologic considerations pertaining to the neonate. (p 2395)
16. Describe family and transport considerations that apply to neonatal emergencies. (pp 2395–2396)
17. Discuss the pathophysiology, assessment, and management of specific emergencies in neonates, including apnea, bradycardia, acidosis, pneumothorax, meconium-stained amniotic fluid, low blood volume, diaphragmatic hernia, respiratory distress and cyanosis, and respiratory depression secondary to opioids. (pp 2397–2401)
18. Discuss the pathophysiology, assessment, and care of premature or low-birth-weight infants. (pp 2401–2402)
19. Discuss the pathophysiology, assessment, and management of seizures in neonates. (pp 2402–2404)
20. Discuss the pathophysiology, assessment, and management of hypoglycemia in neonates. (pp 2404–2406)
21. Discuss the pathophysiology, assessment, and management of vomiting in neonates. (pp 2406–2407)
22. Discuss the pathophysiology, assessment, and management of diarrhea in neonates. (pp 2407–2408)
23. Discuss the pathophysiology, assessment, and management of neonatal jaundice. (p 2408)
24. Discuss the pathophysiology, assessment, and management of emergencies related to thermoregulation in neonates, including fever and hypothermia. (pp 2408–2410)
25. Discuss the pathophysiology, assessment, and management of common birth injuries. (pp 2410–2412)
26. Discuss the pathophysiology, assessment, and management of cardiac conditions in newborns. (pp 2412–2417)

Chapter 44

1. Explain some of the challenges inherent in providing emergency care to pediatric patients and why effective communication with both the patient and caregivers is crucial to a successful outcome. (p 2432)
2. Describe the developmental stages of children, including examples of each stage. (pp 2433–2436)
3. Describe differences in the anatomy, physiology, and pathophysiology of the pediatric patient as compared with the adult patient and their implications for the health care provider. (pp 2436–2441)
4. Describe challenges in dealing with stressed parents or caregivers of ill and injured

- children. (pp 2441–2442)
5. Describe the steps in the primary survey for providing emergency care to a pediatric patient, including the elements of the Pediatric Assessment Triangle, hands-on ABCDEs, and transport decision considerations. (pp 2442–2451)
 6. Describe the steps in the secondary assessment, including the systematic assessment, which may include a full-body examination or a focused assessment of the body part or body system specifically involved. (pp 2451–2455)
 7. Describe the different causes of pediatric respiratory emergencies; the signs and symptoms of increased work of breathing; the differences among respiratory distress, respiratory failure, and respiratory arrest; and the emergency medical care strategies used to manage each. (pp 2444–2446, 2455–2457)
 8. Explain upper airway emergencies in a pediatric patient, including anaphylaxis, croup, epiglottitis, and bacterial tracheitis; their possible causes, signs, and symptoms; and steps in caring for a child who is experiencing these conditions. (pp 2459–2461)
 9. List the steps in managing foreign body airway obstruction of an infant and a child. (pp 2458–2459)
 10. Explain lower airway emergencies in a pediatric patient, including asthma, infection with respiratory syncytial virus, bronchiolitis, pneumonia, and pertussis; their possible causes, signs, and symptoms; and steps in caring for a child who is experiencing these conditions. (pp 2461–2465)
 11. Discuss other respiratory conditions, including cystic fibrosis and bronchopulmonary dysplasia; their possible causes, signs, and symptoms; and steps in caring for a child who is experiencing these conditions. (p 2465)
 12. Discuss the most common causes of shock (hypoperfusion) in a pediatric patient, its signs and symptoms, and emergency medical management in the field. (pp 2477–2484)
 13. Describe the procedure for establishing intravenous access in the pediatric patient. (pp 2479–2480)
 14. List the steps to establish an intraosseous infusion in a pediatric patient. (pp 2481–2483)
 15. Describe common pediatric heart rhythm disturbances and management of each dysrhythmia. (pp 2484–2489)
 16. Discuss the most common causes of altered mental status in a pediatric patient, its signs and symptoms, and emergency medical management in the field. (pp 2492–2493)
 17. List the common causes of seizures in a pediatric patient, the different types of seizures, and their emergency medical management in the field. (pp 2493–2495)
 18. List the common causes of meningitis, patient groups at the highest risk for contracting this infection, its signs and symptoms, special precautions, and emergency medical management in the field. (pp 2495–2496)
 19. Discuss the types of gastrointestinal emergencies that might affect pediatric

- patients, including biliary atresia, viral gastroenteritis, appendicitis, ingestion of foreign bodies, gastrointestinal bleeding, intussusception, Meckel diverticulum, pyloric stenosis, and malrotation with volvulus. (pp 2499–2502)
20. Discuss the pathophysiology, assessment, and management of endocrine emergencies in pediatric patients, including hyperglycemia, hypoglycemia, and congenital adrenal hyperplasia. (pp 2502–2504)
 21. Describe conditions in which the pituitary produces inadequate amounts of some or all of its hormones. (p 2504)
 22. Describe special considerations in patients with childhood immunodeficiencies. (pp 2505–2506)
 23. Discuss hematologic disorders in pediatric patients, including sickle cell disease, thrombocytopenia, hemophilia, von Willebrand disease, and leukemia and lymphoma; signs and symptoms; special precautions; and emergency medical management in the field. (pp 2506–2508)
 24. Discuss toxicologic emergencies in pediatric patients, including common sources, assessment findings, and techniques for emergency medical management, including decontamination and antidotes. (pp 2508–2510)
 25. Describe special considerations during the management of a pediatric behavioral or psychiatric emergency, including safety precautions and assessment and management techniques. (pp 2510–2511)
 26. Discuss the common causes of a fever emergency in a pediatric patient and management techniques. (pp 2511–2512)
 27. Describe child abuse and neglect and its possible indicators, and discuss the medical and legal responsibilities when caring for a pediatric patient who is a possible victim of child abuse. (pp 2513–2516)
 28. Discuss sudden infant death syndrome, including its risk factors, patient assessment, and special management considerations related to the death of an infant patient. (pp 2516–2517)
 29. Discuss the common causes of pediatric trauma emergencies and the differences in injury patterns in adults, infants, and children. (pp 2517–2518)
 30. Describe the procedure for performing needle decompression in the pediatric patient. (p 2519)
 31. List the steps to perform spinal motion restriction (SMR) of both an infant and a child. (pp 2520–2522)

32. Describe the indications for fluid and pain management for a pediatric trauma patient. (pp 2522–2523)
33. Discuss the significance of burns in pediatric patients, common causes, and general assessment and management techniques. (pp 2523–2524)
34. Describe the needs of technology-assisted children, including the various types of medical technology used. (pp 2524–2527)
35. Describe injury patterns in pediatric patients and potential areas for intervention and prevention. (pp 2527–2528)

Chapter 45

1. Describe the old-age dependency ratio. (p 2539)
2. Describe the phenomenon known as “the graying of America.” (p 2539)
3. Discuss the social, economic, and psychosocial factors affecting the older population. (pp 2539–2540)
4. Identify the physiologic changes in the various body systems as people age. (pp 2541–2548)
5. Identify special considerations when performing patient assessment of a geriatric patient. (pp 2548–2554)
6. Describe the steps in the primary survey for providing emergency care to a geriatric patient, including the elements of the GEMS diamond. (pp 2549–2551)
7. Describe the pathophysiology of geriatric respiratory conditions, the signs and symptoms, and the emergency medical care strategies used in managing each condition. (pp 2554–2556)
8. Describe the pathophysiology of geriatric cardiovascular conditions, the signs and symptoms, and the emergency medical care strategies used in managing each condition. (pp 2556–2560)
9. Describe the pathophysiology of geriatric neurologic conditions, the signs and symptoms, and the emergency medical care strategies used in managing each condition. (pp 2560–2563)
10. Describe the pathophysiology of geriatric gastrointestinal conditions, the signs and symptoms, and the emergency medical care strategies used in managing each condition. (pp 2563–2566)
11. Describe the pathophysiology of geriatric renal conditions, the signs and symptoms, and the emergency medical care strategies used in managing each condition. (pp 2566–2568)
12. Describe the pathophysiology of geriatric endocrine conditions, the signs and symptoms, and the emergency medical care strategies used in managing each condition. (pp 2568–2569)
13. Describe the pathophysiology of sepsis, the signs and symptoms, and the emergency medical care strategies used in managing sepsis. (p 2570)

14. Describe the pathophysiology of geriatric toxicology, the signs and symptoms, and the emergency medical care strategies used in managing adverse drug reactions. (pp 2570–2572)
15. Discuss polypharmacy and medication noncompliance and their effects on patient assessment and care. (pp 2570–2571)
16. Describe the pathophysiology of geriatric depression, the signs and symptoms, and the emergency medical care strategies used in managing depression. (pp 2572–2573)
17. Describe the pathophysiology of geriatric integumentary conditions, the signs and symptoms, and the emergency medical care strategies used in managing each condition. (pp 2573–2574)
18. Describe the pathophysiology of geriatric musculoskeletal conditions, the signs and symptoms, and the emergency medical care strategies used in managing each condition. (pp 2574–2575)
19. Describe special considerations for a geriatric patient who has experienced trauma, including performing the patient assessment process on a geriatric patient with a traumatic injury. (pp 2575–2579)
20. Discuss elder abuse and neglect, and their implications for assessing and treating the geriatric patient. (pp 2579–2580)
21. Describe the role of hospice as part of end-of-life care. (p 2580)

Chapter 46

1. Discuss how social determinants of health, including poverty and homelessness, adversely impact patient health and emergency medical services (EMS) system performance. (pp 2591–2594)
2. Identify ways to advocate for patients' rights to health care services. (pp 2598–2600)
3. Recognize signs and symptoms of neglect and various forms of abuse, including physical abuse, neglect, sexual abuse, and emotional abuse. (pp 2595–2596)
4. Identify benign physical findings that may be confused with signs of abuse. (p 2597)
5. Discuss the unique management and documentation concerns related to suspected cases of abuse or neglect. (pp 2598–2599)
6. Describe mandatory reporting and how it relates to cases of suspected abuse. (pp 2599–2600)
7. Describe specific concerns related to patients with a terminal illness, including situations in which hospice may be involved. (pp 2600–2601)
8. Discuss situations in which advance directives and do not resuscitate orders may exist, and how the paramedic should proceed in situations where the

- validity of such a document is in question. (p 2601)
9. Describe specific clinical and care concerns related to bariatric patients. (pp 2601–2603)
 10. Discuss operational concerns related to emergency care for bariatric patients. (p 2603)
 11. Describe specific concerns related to patients with a communicable disease. (pp 2603–2604)
 12. Discuss the purpose of tracheostomy tubes, and describe how to troubleshoot problems that may occur in a patient with a tracheostomy. (pp 2604–2607)
 13. Discuss medical technology and adaptive devices used in the prehospital setting, including long-term ventilators, ventricular assist devices, apnea monitors, long-term vascular access devices, medication infusion pumps, gastric tubes, colostomies, urinary diversion devices, dialysis shunts, surgical drains and devices, and cerebrospinal fluid shunts. (pp 2604, 2608–2618)
 14. Discuss the types of medical technology that may be used during interfacility transports, including hemodynamic monitoring, intra-aortic balloon pumps, and intracranial pressure monitoring. (pp 2618–2621)
 15. Identify strategies for providing care to patients with cognitive impairment, including patients with development delay, Down syndrome, intellectual disability, and autism or autism spectrum disorder. (pp 2622–2624)
 16. Identify strategies for providing care to patients with communication impairment, including hearing, vision, and speech impairments. (pp 2625–2629)
 17. Identify strategies for providing care to patients with sensory impairment, including paralysis, paraplegia, and quadriplegia. (pp 2629–2630)
 18. Discuss concerns related to managing a cognitively impaired patient who experiences trauma. (pp 2630–2631)
 19. Identify chronic medical conditions likely to be encountered by paramedics, including cancer, cerebral palsy, congenital heart disease, cystic fibrosis, multiple sclerosis, muscular dystrophy, myasthenia gravis, spina bifida, postpolio syndrome, and traumatic brain injury. (pp 2631–2637)
 20. Discuss treatment and transport concerns for patients with chronic medical conditions not commonly encountered by EMS providers. (pp 2631–2637)

Module #2

2024-2025

Material Covered:

Chapter 20: Diseases of the Eyes, Ears, Nose and Throat
Chapter 21: Abdominal and Gastrointestinal Emergencies
Chapter 22: Genitourinary and Renal Emergencies
Chapter 23: Gynecologic Emergencies
Chapter 24: Endocrine Emergencies
Chapter 25: Hematologic Emergencies
Chapter 26: Immunologic Emergencies
Chapter 27: Infectious Diseases
Chapter 28: Toxicology
Chapter 29: Psychiatric Emergencies

Assessments:

Chapter quizzes located in Desire2Learn
Module #2 Test
Final Medication Examination
FISDAP Exam 3 – Medical Emergencies

Learning Outcomes:

Chapter 20

1. Explain facial anatomy and relate physiology to facial disorders. (pp 1364, 1374, 1378, 1379, 1382–1384)
2. Relate assessment findings associated with eye disorders to pathophysiology. (pp 1364–1369)
3. Describe assessment, treatment, and management of specific eye conditions. (pp 1369–1373)
4. Relate assessment findings associated with ear disorders to pathophysiology. (pp 1373–1375)
5. Describe assessment, treatment, and management of specific ear conditions. (pp 1375–1377)
6. Relate assessment findings associated with nose disorders to pathophysiology. (pp 1377–1379)
7. Describe assessment, treatment, and management of specific nose conditions. (pp 1379–1382)
8. Relate assessment findings associated with throat and mouth disorders to pathophysiology. (pp 1382–1384)
9. Describe assessment, treatment, and management of specific throat and mouth conditions. (pp 1385–1389)

Chapter 21

1. Describe the incidence, morbidity, and mortality of gastrointestinal (GI) emergencies. (p 1397)
2. Identify the primary risk factors for GI disease. (p 1397)
3. Discuss the anatomy and physiology of the organs and structures of the GI system. (pp 1398–1401)
4. Explain how to size up scene safety when responding to a patient with a GI emergency. (p 1402)
5. List the personal protective equipment that is likely to be necessary during a call in response to a patient with a GI emergency. (p 1402)
6. Explain how to integrate pathophysiologic principles and assessment findings to formulate a field diagnosis and implement a treatment plan for the patient with a GI emergency. (pp 1402–1403)
7. Evaluate the mechanisms by which airway patency might be compromised in the patient with a GI emergency. (pp 1402–1403)
8. Summarize assessment of breathing and circulation in a patient with a GI emergency. (p 1403)
9. Indicate the considerations that go into making a transport decision for the patient with a GI emergency. (p 1403)
10. Explore ways of investigating the chief complaint and taking the history of a patient with a GI disorder. (pp 1403–1405)
11. Describe the technique for performing a comprehensive physical examination on a patient with abdominal pain, including percussion and auscultation of bowel sounds and palpation to evaluate for pain and masses. (pp 1405–1407)
12. Discuss how orthostatic vital signs can help assess the extent of abdominal bleeding. (p 1407)
13. Consider the proper extent of pain management for the patient with an abdominal emergency. (pp 1408–1409)
14. Discuss the pathophysiologic mechanisms that can cause hypovolemia. (p 1410)
15. Compare the pathophysiology, assessment, and management of upper GI bleeding with that of lower GI bleeding. (pp 1411–1412)

16. Discuss the pathophysiology, assessment, and management of esophagogastric varices. (p 1412)
17. Discuss the pathophysiology, assessment, and management of Mallory-Weiss syndrome and Boerhaave syndrome. (pp 1412–1414)
18. Discuss the pathophysiology, assessment, and management of peptic ulcer disease and gastritis. (pp 1414–1415)
19. Discuss the pathophysiology, assessment, and management of gastroesophageal reflux disease and hiatal hernia. (pp 1415–1416)
20. Discuss the pathophysiology, assessment, and management of hemorrhoids. (p 1416)
21. Discuss the pathophysiology, assessment, and management of anal fissures. (pp 1416–1417)
22. Discuss the pathophysiology, assessment, and management of esophageal pathologies, including esophagitis, tracheoesophageal fistula, and esophageal stricture (or stenosis). (pp 1417–1419)
23. Explain how the immune system responds to acute and chronic inflammation within the GI tract. (pp 1419–1426)
24. Discuss the pathophysiology, assessment, and management of peritonitis. (p 1420)
25. Discuss the pathophysiology, assessment, and management of cholecystitis. (pp 1420–1421)
26. Discuss the pathophysiology, assessment, and management of appendicitis. (pp 1421–1422)
27. Discuss the pathophysiology, assessment, and management of diverticulitis. (pp 1422–1423)
28. Discuss the pathophysiology, assessment, and management of pancreatitis. (pp 1423–1425)
29. Discuss the pathophysiology, assessment, and management of ulcerative colitis. (p 1425)
30. Discuss the pathophysiology, assessment, and management of Crohn disease. (pp 1425–1426)
31. Discuss the pathophysiology, assessment, and management of irritable bowel syndrome. (p 1426)
32. Explain why the GI system is vulnerable to infection and how the immune system reacts to infection within the GI tract. (p 1427)
33. Discuss the pathophysiology, assessment, and management of acute gastroenteritis. (pp 1427–1428)
34. Discuss the pathophysiology, assessment, and management of rectal abscess. (p 1428)
35. Discuss the pathophysiology, assessment, and management of cirrhosis. (pp

- 1428–1430)
36. Discuss the pathophysiology, assessment, and management of hepatic encephalopathy. (pp 1430–1431)
 37. Discuss the pathophysiology, assessment, and management of esophageal obstruction. (pp 1431–1432)
 38. Discuss the pathophysiology, assessment, and management of small- and large-bowel obstruction. (pp 1432–1433)
 39. Discuss the pathophysiology, assessment, and management of GI hernias. (pp 1434–1435)
 40. Compare the four types of abdominal hernias: reducible, incarcerated, strangulated, and incisional. (p 1434)
 41. Compare rectal foreign body obstructions caused by swallowed objects with obstructions caused by inserted objects. (p 1435)
 42. Discuss the pathophysiology, assessment, and management of rectal foreign body obstructions. (p 1435)
 43. Discuss the pathophysiology, assessment, and management of ischemic and neoplastic disorders, including mesenteric ischemia and tumors of the colon, pancreas, and liver. (pp 1435–1437)
 44. Describe lifestyle changes that reduce the likelihood of developing GI disease. (p 1438)

Chapter 22

1. Describe the anatomy and physiology of the male and female urinary systems: kidneys, ureters, urinary bladder, and urethra. (pp 1446–1447)
2. Describe the primary survey and secondary assessment processes for patients with renal and genitourinary emergencies. (pp 1447–1452)
3. Specify factors that influence transport decisions for patients with renal and genitourinary emergencies. (pp 1450–1453)
4. Discuss the questions that must be asked to obtain thorough historical information from a patient. (pp 1450–1451)
5. Specify best practices for documenting renal and genitourinary emergencies and communicating with the receiving facility. (p 1450)
6. Compare visceral pain with referred pain. (p 1451)
7. Explain how visceral pain and referred pain each contribute to the field diagnosis. (pp 1450–1451)
8. Indicate the components of the physical exam for a patient with a renal or genitourinary emergency. (p 1452)
9. Name the components of an effective treatment plan. (pp 1452–1453)
10. Outline the pathophysiology, assessment, and management of common diseases and

conditions of the renal and genitourinary systems, including urinary tract infections, kidney stones, acute kidney injury, chronic kidney disease, and end-stage renal disease. (pp 1453–1461)

11. Discuss the purpose and types of renal dialysis. (pp 1461–1464)
12. Identify the possible complications of dialysis and the prehospital interventions associated with each. (pp 1461–1464)
13. Discuss the pathophysiology, assessment, and management of conditions related to the male genital tract, including epididymitis, orchitis, Fournier gangrene, priapism, phimosis, paraphimosis, benign prostate hypertrophy, testicular masses, and testicular torsion. (pp 1464–1465)

Chapter 23

1. Recall the anatomy and physiology of the female reproductive system. (pp 1474–1475)
2. Identify the normal events of the menstrual cycle. (pp 1475–1476)
3. Describe the assessment process for patients with gynecologic emergencies. (pp 1476–1477)
4. Discuss the importance of history taking when assessing a patient with a gynecologic emergency. (pp 1477–1478)
5. Describe how to treat a patient with significant vaginal bleeding. (pp 1477–1482)
6. Discuss the general management of a patient with a gynecologic emergency. (pp 1478–1479)
7. Discuss the management of a patient with gynecologic trauma. (p 1479)
8. Discuss the pathophysiology, assessment, and management of infections related to the gynecologic system. (pp 1479–1481)
9. Discuss the pathophysiology, assessment, and management of ovarian disorders. (pp 1481–1482)
10. Discuss the pathophysiology, assessment, and management of uterine disorders. (pp 1482–1483)
11. Discuss the pathophysiology, assessment, and management of ectopic pregnancy. (pp 1484–1485)
12. Discuss special concerns, assessment, and management, when caring for a suspected sexual assault patient. (pp 1485–1488)

Chapter 24

1. Review the anatomy and physiology of the organs and structures of the endocrine system. (pp 1497–1499)
2. Discuss the role of glucose as a major energy source for the body, including the relationship of glucose to insulin. (pp 1498–1499)
3. Describe the patient assessment process for a broad range of endocrine disorders.

- (pp 1499–1504)
4. Specify how to manage airway, breathing, and circulation in patients with endocrine system emergencies. (pp 1500–1501)
 5. Define the term *diabetes*. (pp 1500, 1504)
 6. Describe the factors that lead to glucose metabolic derangements. (p 1504)
 7. Describe the incidence, morbidity, and mortality of diabetic emergencies. (pp 1505, 1514)
 8. Identify the common characteristics of the various types of diabetes. (p 1504)
 9. Describe the chronic and acute complications associated with diabetes mellitus. (pp 1505–1507)
 10. Explain some age-related considerations to keep in mind when treating an older adult patient who is thought to have undiagnosed diabetes. (p 1507)
 11. Compare the pathophysiology, assessment, and management of type 1 diabetes mellitus with that of type 2 diabetes. (pp 1507–1510)
 12. Identify risk factors associated with prediabetes, including the role of hemoglobin A1c blood tests, in distinguishing prediabetes from diabetes. (p 1510)
 13. Explain how to diagnose and manage gestational diabetes. (pp 1510–1511)
 14. Compare hyperglycemic and hypoglycemic diabetic emergencies, including their pathophysiology, assessment, and management. (pp 1511–1518)
 15. Describe the interventions for providing emergency medical care during a hypoglycemic crisis to conscious and unconscious patients who have a history of diabetes. (pp 1513–1514)
 16. Provide the generic and trade names, form, dose, indications, contraindications, and procedure for administering 50% dextrose to a patient with hypoglycemia. (pp 1503, 1514)
 17. Define hyperglycemia and discuss its pathophysiology, assessment, and management. (pp 1514–1518)
 18. Describe the relationship between diabetic ketoacidosis (DKA) and hyperglycemia. (pp 1515–1518)
 19. List the signs and symptoms of DKA. (p 1517)
 20. Describe the interventions for providing emergency medical care during a hyperglycemic crisis to conscious and unconscious patients who have a history of diabetes. (pp 1518–1520)
 21. Define hyperosmolar hyperglycemic nonketotic syndrome (HHNS) and the findings characteristic of this condition. (pp 1518–1520)
 22. Describe the pathophysiology, assessment, and management of pancreatitis. (p 1520)
 23. Compare primary and secondary adrenal insufficiency, including their incidence, morbidity and mortality, pathophysiology, assessment, and management. (pp 1521–1522)
 24. Identify Addisonian crisis, triggers of this emergency, its chief

- clinical manifestation and other signs and symptoms, and its management. (p 1522)
25. Identify Cushing syndrome, the physical manifestations characteristic of the disorder, and its pathophysiology, assessment, and management. (pp 1522–1523)
 26. Discuss the clinical presentation of a patient with an adrenal gland tumor. (p 1523)
 27. Compare the effects of hypothyroidism and hyperthyroidism on the body. (pp 1523–1524)
 28. Explain the pathophysiology of Graves disease, including the characteristic signs and symptoms of the disease. (pp 1500, 1524)
 29. Explain the pathophysiology of Hashimoto disease, including how it compares with Graves disease. (p 1524)
 30. Outline the characteristic signs and symptoms of myxedema coma, as well as its management. (pp 1524–1525)
 31. Describe thyrotoxicosis and thyroid storm, and their relationship to hyperthyroidism. (pp 1525–1526)
 32. Describe hyperparathyroidism, including its pathophysiology, presentation, and management. (p 1526)
 33. Differentiate between diabetes insipidus and syndrome of inappropriate antidiuretic hormone secretion (SIADH). (pp 1526–1527)

Chapter 25

1. Discuss the composition and functions of blood's essential components. (p 1536)
2. Summarize the role of white blood cells in the normal inflammatory process. (pp 1538–1539)
3. Define hemostasis and mechanisms essential to its maintenance in the body. (pp 1539–1540)
4. Outline the steps in the primary survey and management of a patient with a hematologic disorder. (p 1542)
5. Summarize general emergency care for a patient with a hematologic disorder. (p 1544)
6. Describe pathophysiology, assessment, and management of sickle cell disease. (pp 1544–1546)
7. Describe three types of sickle cell crisis. (pp 1544–1545)
8. Outline pathophysiology, assessment, and management of other common diseases and conditions of the blood, including anemia, leukopenia, thrombocytopenia, leukemia, lymphomas, polycythemia, disseminated intravascular coagulation, hemophilia, and multiple myeloma. (pp 1546–1552)
9. Discuss the causes, symptoms, assessment, and management of blood transfusion

complications. (pp 1552–1554)

Chapter 26

1. Describe the purpose of the immune system. (pp 1561–1562)
2. Define the terms allergic reaction, anaphylaxis, biphasic reaction, prolonged (persistent) reaction, and anaphylactoid reaction. (pp 1561–1562)
3. Explain the difference between a local and a systemic response to allergens. (pp 1561, 1568, 1571)
4. Discuss the process that begins when a foreign substance is detected in the body (primary response). (p 1565)
5. Describe the process that occurs when the body undergoes a secondary response. (p 1565)
6. Explain the role of basophils and mast cells in the immune response process. (pp 1565–1567)
7. Explain the roles of chemical mediators, including histamines and leukotrienes, in the immune response process. (pp 1565–1567)
8. Describe the assessment process for a patient with an allergic reaction. (pp 1567–1572)
9. Explain the importance of managing the care of a patient who is having an allergic reaction. (pp 1571–1572)
10. Compare the signs and symptoms of an allergic reaction with those of anaphylaxis. (pp 1573–1574)
11. Review the process for providing emergency medical care to a patient who is experiencing an allergic reaction. (p 1572)
12. Describe the administration of epinephrine to a patient who is having an allergic reaction, including different forms of epinephrine. (pp 1575–1576)
13. Explain the various treatment options and pharmacologic interventions used to manage anaphylaxis. (pp 1569–1572, 1574–1576)
14. Explain the factors involved when making a transport decision for a patient having an allergic reaction. (pp 1569, 1576)
15. Discuss autoimmune disorders and collagen vascular diseases, including systemic lupus erythematosus and scleroderma. (pp 1576–1579)

16. Describe the principles of organ transplantation and disorders related to organ transplantations. (pp 1579–1581)
17. Explain the importance of patient education in the management of

anaphylaxis and allergic reactions. (p 1568)

CHAPTER 27

1. Define communicable disease. (p 1589)
2. Outline the functions of the agencies responsible for protecting the public health in the United States at the national, state, and local levels. (pp 1589–1590)
3. Describe the paramedic's obligation to protect the public from infection and what steps the paramedic can take to meet it. (pp 1590–1591)
4. Describe how communicable diseases are transmitted by direct and indirect contact, droplet transmission, and airborne transmission. (pp 1592–1593)
5. Discuss the importance of work restriction guidelines. (p 1592)
6. Discuss transmission-based precautions. (pp 1593–1594)
7. Recall the standard precautions the paramedic must take to prevent exposure during patient care activities. (p 1593)
8. List the personal protective equipment (PPE) a paramedic may need in specific circumstances to prevent exposure to communicable and other infectious diseases. (p 1594)
9. Describe the steps to take for personal protection from airborne/droplet and bloodborne pathogens. (pp 1594, 1598)
10. Describe how to remove PPE properly. (p 1596)
11. Explain proper follow-up after exposure to a patient's blood or other potentially infectious materials (OPIM), including documentation of the event and communication with a designated infection control officer and public health authorities. (pp 1596–1601)
12. List the general assessment and management principles for a patient with a communicable disease. (pp 1601–1602)
13. Discuss the importance of obtaining travel histories for all patients. (p 1601)
14. List the general management principles when caring for a patient with a suspected communicable disease. (pp 1601–1602)
15. Describe the cycle of infection, including factors that affect susceptibility to communicable diseases. (pp 1602–1604)
16. Discuss the pathophysiology, assessment, and management of a patient with sepsis. (pp 1604–1605)
17. Discuss the pathophysiology, assessment, and management of a patient with

- meningitis. (pp 1605–1606)
18. Discuss the pathophysiology, assessment, and management of a patient with influenza. (pp 1606–1607)
 19. Discuss the pathophysiology, assessment, and management of patients with seasonal influenza, pertussis, mumps, and rubella (pp 1606–1609)
 20. Discuss the pathophysiology, assessment, and management of a patient with tuberculosis. (pp 1610–1611)
 21. Discuss precautions paramedics should take to protect themselves from exposure to tuberculosis. (p 1611)
 22. Discuss the pathophysiology, assessment, and management of a patient with chickenpox. (pp 1611–1612)
 23. Discuss the pathophysiology, assessment, and management of a patient with measles. (pp 1612–1614)
 24. Discuss the pathophysiology, assessment, and management of a patient with mononucleosis. (p 1614)
 25. Discuss general principles of assessment and management for a patient with a possible sexually transmitted infection. (p 1615)
 26. Discuss the pathophysiology, assessment, and management of patients with gonorrhea, syphilis, genital herpes, and chlamydia. (pp 1615–1617)
 27. Describe the risk factors, incidence, pathophysiology, assessment, and management of patients with scabies and lice infestation. (pp 1617–1618)
 28. Discuss other sexually transmitted infections and conditions. (pp 1618–1619)
 29. Discuss the pathophysiology, assessment, and management of a patient with a fungal skin infection. (p 1624)
 30. Compare the types of viral hepatitis, including general assessment findings and management principles for the patient with hepatitis. (pp 1619–1622, 1628–1629)
 31. Discuss precautions paramedics should take to protect themselves from exposure to hepatitis, and postexposure follow-up. (pp 1619–1622)
 32. Discuss the pathophysiology, assessment, and management of a patient with human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). (pp 1622–1624)
 33. Discuss precautions paramedics should take to protect themselves from exposure to HIV, and postexposure follow-up. (pp 1623–1624)
 34. Discuss the pathophysiology, assessment, and management of a patient with

- suspected Ebola. (pp 1626–1627)
35. Discuss precautions paramedics should take to protect themselves from exposure to Ebola, and postexposure follow-up. (p 1627)
 36. Discuss the pathophysiology, assessment, and management of a patient with gastroenteritis. (pp 1627–1628)
 37. Discuss the pathophysiology, assessment, and management of patients with non-bloodborne hepatitis viruses. (pp 1628–1629)
 38. Discuss the pathophysiology, assessment, and management of patients with West Nile virus, dengue fever, chikungunya fever, and Zika virus. (pp 1629–1631)
 39. Discuss the pathophysiology, assessment, and management of patients with Lyme disease, Rocky Mountain spotted fever, hantavirus, rabies, Middle East respiratory syndrome (MERS), and tetanus. (pp 1631–1633, 1634–1635)
 40. Compare the most common antibiotic-resistant organisms and multidrug-resistant organisms, including what steps paramedics and patients can take to curb their spread. (pp 1635–1639)
 41. Discuss general principles of assessment and management for patients with severe acute respiratory syndrome (SARS), avian flu, and COVID-19. (pp 1639–1640, 1609–1610)

Chapter 28

1. Define toxicology, poison, and overdose. (pp 1656–1657)
2. Describe routes of entry of toxic substances into the body, including ingestion, inhalation, injection, and absorption. (pp 1659–1663)
3. Explain the appropriate use of activated charcoal, including situations when it may be most beneficial to the patient. (pp 1660, 1683–1684)
4. Explain the importance of situational awareness and an accurate scene size-up when responding to a toxicologic emergency. (pp 1661, 1667–1668, 1675)
5. Discuss the major toxidromes and their use in the assessment and management of toxicologic emergencies. (pp 1663–1664)

6. Identify the common signs and symptoms of poisoning. (p 1665)
7. Discuss substance misuse and concepts associated with it. (pp 1663, 1666–1667)
8. Describe the assessment and treatment of the patient with suspected poisoning or overdose. (pp 1667–1670)

9. Recognize the role of airway management in the patient with suspected poisoning or overdose. (p 1668)
10. Identify the main types of specific poisons and their effects. (pp 1689–1690, 1707–1710)
11. Discuss emergencies related to severe intoxication, including alcohol use disorder. (pp 1670–1674)
12. Describe the assessment and treatment of the patient with suspected plant or mushroom poisoning. (pp 1707–1711)
13. Describe the assessment and treatment of the patient with suspected food poisoning. (pp 1711–1712)

Chapter 29

1. Discuss the possible causes of behavioral emergencies, including drug overdoses, violent behavior, and mental illness. (pp 1725–1726)
2. Define normal, abnormal, overt, and covert behavior. (p 1722)
3. Identify the prevalence of mental illness in the United States. (p 1724)
4. Discuss medicolegal considerations and their role in psychiatric emergencies. (pp 1724–1725)
5. Discuss the organic and environmental causes of abnormal behavior. (pp 1725–1726)
6. Explain how psychiatric signs and symptoms are categorized. (pp 1726–1727)
7. Describe the assessment process for patients with psychiatric emergencies, including safety guidelines and specific questions to ask. (pp 1727–1732)
8. Discuss the importance of history taking in assessing a patient with a psychiatric emergency. (pp 1730–1731)
9. Identify strategies for communicating with patients during behavioral crises. (pp 1732–1733)
10. Discuss general care of a patient with a psychiatric emergency. (pp 1733–1734)
11. Compare physical restraint with chemical restraint, including examples of when each might be used and situations in which restraint might be justified. (pp 1734–1739)
12. Describe the emergency medical care of a patient with psychosis. (p 1742)
13. Describe the emergency medical care of a patient with excited delirium. (p 1745)

14. Explain how to recognize the behavior of a patient at risk of suicide, including the emergency medical care of such a patient. (pp 1745–1746)
15. Discuss factors indicating that a patient is at risk of becoming violent. (p 1747)
16. Explain the approach to safely caring for a potentially violent patient. (pp 1747–1748)
17. List specific psychiatric disorders that can be characterized by a state of acute psychosis or excited delirium. (p 1740)
18. Discuss assessment and management of specific psychiatric emergencies, including those related to mood disorders, schizophrenia, neurotic disorders, substance use, somatoform disorders, factitious disorders, impulse control disorders, and personality disorders. (pp 1748–1755)
19. Discuss medications used to treat psychiatric disorders and manage behavioral emergencies. (pp 1755–1757)
20. Recognize issues specific to posttraumatic stress disorder and the returning combat veteran. (pp 1726, 1757–1759)

****Students – please refer to the Instructor’s Course Information sheet for specific information on assessments and due dates.***

GENERAL EDUCATION OUTCOMES:

EFFECTIVE PROFESSIONAL AND INTERPERSONAL COMMUNICATION (EPIC):

This course fulfills HGTC’s Quality Enhancement Plan for Effective Professional and Interpersonal Communication. Upon completion of this course, students will be able to:

(Check all that apply.)

- Utilize appropriate communication formats when conveying professional and interpersonal thoughts and ideas.
- Apply appropriate language when speaking and writing for their chosen field of study or Industry.

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%
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Tests* (3)	60%
<u>Unit Exams (3)</u>	<u>25%</u>
	100%

*Note: Your Final Medication Exam counts 20% of the EMS 240 grade.

****Students, for the specific number and type of evaluations, please refer to the Instructor's Course Information Sheet.***

GRADING SYSTEM:

Please note the College adheres to a 10-point grading scale 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. 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; please refer to the Instructor Course Information Sheet.**

For online and hybrid courses, check your Instructor's Course Information Sheet for any required on-site meeting times. Please note, instructors may require tests to be taken at approved testing sites, and if you use a testing center other than those provided by HGTC, the center may charge a fee for its services.

Part V: Student Resources



THE STUDENT SUCCESS AND TUTORING CENTER (SSTC):

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

1. **Academic tutors** for most subject areas, **Writing Center support**, and **college success skills**.
2. Online **tutoring** and academic support resources.
3. Professional and interpersonal communication **coaching** in the EPIC Labs.

Visit the [Student Success & Tutoring Center](#) website for more information. To schedule tutoring, contact the SSTC at ssc@hgtc.edu or self-schedule in the Penji iOS/Android app or at www.penjiapp.com. Email ssc@hgtc.edu or 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.



STUDENT INFORMATION CENTER: TECH Central

TECH Central offers to all students the following **free** resources:

1. **Getting around HGTC:** General information and guidance for enrollment, financial aid, registration, and payment plan support!
2. Use the [Online Resource Center \(ORC\)](#) including Office 365 support, password resets, and username information.
3. **In-person workshops, online tutorials and more services** are available in Desire2Learn, Student Portal, Degree Works, and Office 365.
4. **Chat with our staff on TECH Talk**, our live chat service. TECH Talk can be accessed on the student portal and on TECH Central's website, or by texting questions to (843) 375-8552.



HGTC LIBRARY:

Each campus location has a library where HGTC students, faculty, and staff may check out materials with their HGTC ID. All three HGTC campus libraries are equipped with computers to support academic research and related school work; printing is available as well. Visit the

[Library](#) website for more information or call (843) 349-5268.

STUDENT TESTING:

Testing in an **online/hybrid** course and in **make-up exam** situations may be accomplished in a variety of ways:

- Test administered within D2L.
- Test administered in writing on paper.
- Test administered through Publisher Platforms (which may have a fee associated with the usage)

Furthermore, tests may have time limits and/or require a proctor.

Proctoring can be accomplished either face-to-face at an approved site or online through our online proctoring service. To find out more about proctoring services, please visit the [Online Testing](#) section of the HGTC's Testing Center webpage.

The **Instructor Information Sheet** will have more details on test requirements for your course.

DISABILITY SERVICES:

HGTC is committed to providing an accessible environment for students with disabilities. Inquiries may be directed to HGTC's [Accessibility and Disability Service webpage](#). The Accessibility and Disability Services staff will review documentation of the student's disability and, in a confidential setting with the student, engage in an interactive process to 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. Students will need to reach out to the Accessibility and Disability Services staff each semester to renew their accommodations.

COUNSELING SERVICES:

HGTC Counseling Services strives to optimize student success through managing personal and academic concerns that may interfere with achieving educational goals. Staff are available to every student for assistance and guidance on personal matters, academic concerns and other areas of concern. HGTC offers free in-person and telehealth counseling services to students. For more information about counseling services, please reach out to counseling@hgtc.edu or visit the website the [Counseling Services webpage](#).

STATEMENT OF EQUAL OPPORTUNITY/NON-DISCRIMINATION STATEMENT:

Horry-Georgetown Technical College shall not discriminate in employment or personnel decisions or in student admissions or in student decisions, or in all other segments of the College community 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 the educational programs and activities which it operates, and the college is prohibited from discrimination in such manner by applicable laws. Practices and requirements for nondiscrimination extend to the enrollment of students in programs and activities of the College and employment by the College.

All inquiries regarding the federal laws as they relate to discrimination on the basis of sex may be directed to Tamatha Sells, Title IX Coordinator, Horry-Georgetown Technical College, Building 1100C, Room 107B, 2050 Hwy 501 E, PO Box 261966, Conway, SC 29528-6066, 843-349-5218, tamatha.sells@hgtc.edu or to the US Department of Education Office of Civil Rights. (Telephone: 800-421-3481/Email: OCR@ed.gov).

Other employee and applicant inquiries concerning the federal laws and their application to the College may be directed to Jacquelyne Snyder, Vice President, Human Resources and Employee Relations & the College's Affirmative Action/Equal Opportunity Officer, Horry-Georgetown Technical College, Building 200C, Room 205B, 2050 Hwy 501 E, PO Box 261966, Conway, SC 29528-6066, 843-349-5212, jacquelyne.snyder@hgtc.edu.

Other student and prospective student inquiries concerning the federal laws and their application to the College or any student decision may be directed to Dr. Melissa Batten, Vice President, Student Affairs, Section 504 & Title II Coordinator Horry-Georgetown Technical College, Building 1100C, Room 107A, 2050 Hwy 501 E, PO Box 261966, Conway, SC 29528-6066, 843-349-5228, melissa.batten@hgtc.edu.

TITLE IX REQUIREMENTS:

Title IX of the Education Amendments of 1972 protects students, employees, applicants for admission and employment, and other persons from all forms of sex discrimination.

HGTC prohibits the offenses of domestic violence, dating violence, sexual assault, and stalking and will provide students, faculty, and staff with necessary information regarding prevention, policies, procedures, and resources.

Any student, or other member of the college community, who believes that they have been a victim of sexual harassment, domestic violence, dating violence, sexual assault, or stalking may file a report with the college's Title IX Coordinator or campus law enforcement*.

*Faculty and Staff are required to report these incidents to the Title IX Coordinator 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).

For more information, contact Tamatha Sells, Title IX Coordinator, Conway Campus, Building 1100C, Room 107B, 843-349-5218, tamatha.sells@hgtc.edu.

PREGNANCY ACCOMMODATIONS

Under Title IX, colleges must not exclude a pregnant student from participating in any part of an educational program. Horry-Georgetown Technical College is committed to ensuring that pregnant students receive reasonable accommodations to ensure access to our educational programs.

Students should advise the Title IX Coordinator of a potential need for accommodations as soon as they know they are pregnant. It is extremely important that communication between student, instructors, and the Title IX Coordinator begin as soon as possible. Each situation is unique and will be addressed individually.

Title IX accommodations DO NOT apply to Financial Aid. Financial Aid regulations do not give the College any discretion in terms of Financial Aid eligibility.

Certain educational programs may have strict certification requirements or requirements mandated by outside regulatory agencies. Therefore, in some programs, the application of Title IX accommodations may be limited.

To request pregnancy accommodations, please complete the [Pregnancy Intake Form](#).