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| For Academic Affairs and Research Use Only |
| Proposal Number | NHP48 |
| CIP Code:  |  |
| Degree Code: |  |

**NEW OR MODIFIED COURSE PROPOSAL FORM**

**[X] Undergraduate Curriculum Council**

**[ ] Graduate Council**

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| **[ ]New Course, [ ]Experimental Course (1-time offering), or [X]Modified Course (Check one box)** |

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

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| Dr. Amy Hyman 3/18/2022**Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**COPE Chair (if applicable)** |
| Dr. Joseph Richmond 3/18/2022**Department Chair** | Sara Walker, MS, NRP 3/18/2022**Head of Unit (if applicable)**   |
| Shanon Brantley 3/24/2033**College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Undergraduate Curriculum Council Chair** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Director of Assessment (new courses only)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Graduate Curriculum Committee Chair** |
| \_\_Scott E. Gordon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3/24/22**College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Vice Chancellor for Academic Affairs** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**General Education Committee Chair (if applicable)**   |  |

1. **Contact Person (Name, Email Address, Phone Number)**

Sara Walker, sawalker@astate.edu, 870-680-8286

1. **Proposed starting term and Bulletin year for new course or modification to take effect**

Fall 2022

**Instructions:**

*Please complete all sections unless otherwise noted. For course modifications, sections with a “Modification requested?” prompt need not be completed if the answer is “No.”*

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|  | **Current (Course Modifications Only)** | **Proposed (New or Modified)** *(Indicate “N/A” if no modification)* |
| **Prefix** | **EMSP**  | **N/A** |
| **Number\*** | **224~~4~~3** | **2243** |
| **Title** (include a short title that’s 30 characters or fewer) | **Medical Emergencies I** | **N/A** |
| **Description\*\*** | Application of fundamental knowledge of pharmacology, respiratory, cardiovascular, neurological, abdominal, gastrointestinal, genitourinary, and renal emergencies ~~and diseases of the eyes, ears, nose and throat.~~ Development of proficiency in the associated psychomotor skills related to these topics. Prerequisite, Admission to the AAS in Paramedic or Technical Certificate in Paramedic. Fall, Spring, Summer. | Application of fundamental knowledge of respiratory, cardiovascular, neurological, abdominal, gastrointestinal, genitourinary, and renal emergencies. Development of proficiency in the associated psychomotor skills related to these topics. Prerequisite, Admission to the AAS in Paramedic or Technical Certificate in Paramedic. Fall, Spring, Summer. |

 ***\**** Confirm with the Registrar’s Office that number chosen has not been used before and is available for use. For variable credit courses, indicate variable range. *Proposed number for experimental course is 9*.

\*\*Forty words or fewer (excepting prerequisites and other restrictions) as it should appear in the Bulletin.

1. **Proposed prerequisites and major restrictions** **[Modification requested? NO**

(Indicate all prerequisites. If this course is restricted to a specific major, which major. If a student does not have the prerequisites or does not have the appropriate major, the student will not be allowed to register).

1. **YES** Are there any prerequisites?
	1. If yes, which ones?
		1. Prerequisite, Admission to the AAS in Paramedic or Technical Certificate in Paramedic.
	2. Why or why not?

 Enter text...

1. **YES** Is this course restricted to a specific major?
	1. If yes, which major? Technical Certificate of Paramedic and AAS Paramedic
2. **Proposed course frequency [Modification requested? No**

(e.g. Fall, Spring, Summer; if irregularly offered, please indicate, “irregular.”) *Not applicable to Graduate courses.*

Fall, Spring, Summer

1. **Proposed course type [Modification requested? NO**

Will this course be lecture only, lab only, lecture and lab, activity (e.g., physical education), dissertation/thesis, capstone, independent study, internship/practicum, seminar, special topics, or studio? Please choose one.

Lecture and Lab

1. **Proposed grade type [Modification requested? NO**

What is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])

Standard Letter

1. **NO** Is this course dual-listed (undergraduate/graduate)?
2. **NO** Is this course cross-listed?

*(If it is, all course entries must be identical including course descriptions. Submit appropriate documentation for requested changes. It is important to check the course description of an existing course when adding a new cross-listed course.)*

**a.** – If yes, please list the prefix and course number of the cross-listed course.

 Enter text...

 **b.** – **Yes / No** Can the cross-listed course be used to satisfy the prerequisite or degree requirements this course satisfies?

 Enter text...

1. **NO** Is this course in support of a new program?

a. If yes, what program?

 Enter text...

1. **NO** Will this course be a one-to-one equivalent to a deleted course or previous version of this course (please check with the Registrar if unsure)?

a. If yes, which course?

Enter text...

**Course Details**

1. **Proposed outline** **[Modification requested? YES**

(The course outline should be topical by weeks and should be sufficient in detail to allow for judgment of the content of the course.)

1. Cardiovascular Emergencies
	1. Anatomy, signs, symptoms, and management of chest pain and cardiac arrest.
	2. Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of acute coronary syndrome (angina pectoris and myocardial infarction), heart failure, cardiac tamponade, hypertensive emergencies, cardiogenic shock, vascular disorders (AAA, arterial occlusion, venous thrombosis), aortic aneurysm/dissection, thromboembolism, cardiac rhythm disturbances, infectious diseases of the heart (endocarditis, pericarditis), and congenital abnormalities.

**Skills Laboratory**

Assess/provide care for patient with chest pain/discomfort.

 Cardiac monitoring

 12-Lead EKG

 Post-resuscitative care.

1. Respiratory Emergencies
	1. Anatomy, signs, symptoms, and management of respiratory emergencies including those that affect the upper and lower airway.
	2. Anatomy, physiology, pathophysiology, assessment, and management of: epiglottitis, spontaneous pneumothorax, pulmonary edema, asthma, COPD, environmental/industrial exposure, toxic gas, pertussis, cystic fibrosis, pulmonary embolism, pneumonia, viral respiratory infections, and obstructive/restrictive disease.
	3. Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of acute upper airway infections, spontaneous pneumothorax, obstructive/restrictive lung diseases, pulmonary infections, neoplasm, pertussis, and cystic fibrosis.

**Skills Laboratory:**

Taking a history of a patient with dyspnea

 Use of CPAP/BiPAP

1. Neurologic Emergencies
	1. Anatomy, presentations, and management of decreased level of responsiveness.
	2. Anatomy, physiology, pathophysiology, assessment, and management of stroke/TIA, status epilepticus, seizure, and headache.
	3. Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of stroke/intracranial hemorrhage/TIA, seizure, status epilepticus, headache, dementia, neoplasms, demyelinating disorders, Parkinson’s disease, cranial nerve disorders, movement disorders, neurologic inflammation infection, spinal cord compression, hydrocephalus, and Wernicke encephalopathy.

**Skills Laboratory**

Assess a patient’s level of consciousness

 Perform a neurologic exam

 Screen a patient having a stroke

1. Abdominal and Gastrointestinal Emergencies
	1. Anatomy, presentations, and management of shock associated with abdominal emergencies of gastrointestinal bleeding.
	2. Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of acute and chronic gastrointestinal hemorrhage, liver disorders, peritonitis, ulcerative diseases, irritable bowel syndrome, inflammatory disorders, pancreatitis, bowel obstruction, hernias, infectious diseases, gallbladder and biliary tract disorders, rectal abscesses, rectal foreign body obstruction, and mesenteric ischemia.

**Skills Laboratory**

Palpate abdomen to assess for pain, rebound tenderness, masses and Murphy’s sign.

 Auscultation of the abdomen

1. Genitourinary and Renal Emergencies
	1. Anatomy, physiology, pathophysiology, assessment, and management of complications related to renal dialysis and urinary catheter management, and kidney stones.
	2. Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of complications of acute/chronic renal failure and dialysis, renal calculi, acid-base disturbances, fluid/electrolytes, infection and male genital tract conditions.

**Skills Laboratory**

No lab skills

1. Gynecologic Emergencies
	1. Anatomy, physiology, assessment findings, and management of vaginal bleeding, sexual assault, and infections.
	2. Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major gynecologic diseases and/or emergencies, such as vaginal bleeding, sexual assault, infections, pelvic inflammatory disease, ovarian cysts, dysfunctional uterine bleeding and vaginal foreign obstruction.

**Skills Laboratory**

No lab skills

1. **Proposed special features** **[Modification requested? NO**

(e.g. labs, exhibits, site visitations, etc.)

Enter text...

1. **Department staffing and classroom/lab resources**

**NO**

1. Will this require additional faculty, supplies, etc.?

 **NO**

1. **NO** Does this course require course fees?

 *If yes: please attach the New Program Tuition and Fees form, which is available from the UCC website.*

**Justification**

**Modification Justification (Course Modifications Only)**

1. Justification for Modification(s)
	1. We are making several changes to the paramedic curriculum. The changes being made require that this course reduce credit hours. This course initially covered Pharmacology, but we are creating a new Paramedic Pharmacology course. The credit hour is being reduced because of the curricular changes and because the pharmacology section is moving to the new course.

**New Course Justification (New Courses Only)**

1. Justification for course. Must include:

 a. Academic rationale and goals for the course (skills or level of knowledge students can be expected to attain)

 Enter text...

b. How does the course fit with the mission of the department? If course is mandated by an accrediting or certifying agency, include the directive.

 Enter text...

c. Student population served.

Enter text...

d. Rationale for the level of the course (lower, upper, or graduate).

Enter text...

**Assessment**

**Assessment Plan Modifications (Course Modifications Only)**

1. **NO**  Do the proposed modifications result in a change to the assessment plan?

 *If yes, please complete the Assessment section of the proposal*

**Relationship with Current Program-Level Assessment Process (Course modifications skip this section unless the answer to #18 is “Yes”)**

1. What is/are the intended program-level learning outcome/s for students enrolled in this course? Where will this course fit into an already existing program assessment process?

Enter text...

1. Considering the indicated program-level learning outcome/s (from question #19), please fill out the following table to show how and where this course fits into the program’s continuous improvement assessment process.

*For further assistance, please see the ‘Expanded Instructions’ document available on the UCC - Forms website for guidance, or contact the Office of Assessment at 870-972-2989.*

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| **Program-Level Outcome 1 (from question #19)** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Assessment Measure | Please include direct and indirect assessment measure for outcome.  |
| Assessment Timetable | What semesters, and how often, is the outcome assessed? |
| Who is responsible for assessing and reporting on the results? | Who (person, position title, or internal committee) is responsible for assessing, evaluating, and analyzing results, and developing action plans? |

 *(Repeat if this new course will support additional program-level outcomes)*

 **Course-Level Outcomes**

1. What are the course-level outcomes for students enrolled in this course and the associated assessment measures?

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| --- | --- |
| **Outcome 1** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Which learning activities are responsible for this outcome? | List learning activities. |
| Assessment Measure  | What will be your assessment measure for this outcome?  |

*(Repeat if needed for additional outcomes)*

**Bulletin Changes**

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| **Instructions**  |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Please include a before (with changed areas highlighted) and after of all affected sections.** **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.**  |

* + Refer to Program Modification Form NHP42 AAS Paramedic Curriculum Revision and NHP44 Tech Cert Paramedic Curriculum Revision