I. AH 48: MEDICAL EMERGENCIES & PHARMACOLOGICAL INTERVENTIONS

II. PREPARED BY: PARAMEDIC FACULTY

III. REVISED FOR: FALL 2013

IV. PREREQUISITES: Open only to students admitted through the UCLA Center for Prehospital Care and currently certified as an Emergency Medical Technician (Allied Health 52) in the State of California.

V. UNITS: 5 UNITS

VI. OFFICE HOURS: WED. 8:00AM – 5:00PM

VII. COURSE INSTRUCTOR: HEATHER DAVIS

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VIII. COURSE DESCRIPTION:

In this course students will learn the pathophysiology, assessment and management of patients with medical emergencies and the application of advanced life support care and treatment.

IX. TEXTS:


X. COURSE SLO ADDRESSSED IN THIS COURSE:

<table>
<thead>
<tr>
<th>Course SLO</th>
<th>Assessment Method</th>
<th>Criterion Level</th>
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| One sentence that describes a major piece of knowledge, skill, or ability that students can demonstrate by the end of the course. Finish the sentence, “At end of the course, the successful student will be able to... “ | Major assignment, project or test used to demonstrate or apply outcome Remember to have a mix of qualitative and quantitative assessment methods. | Reflects satisfactory performance on the SLO  
  - At least X percent of students achieve this course SLO.  
  - All students achieve at least the Y level on this SLO.  
  - At least X percent of students achieve the Y level on this course SLO. |
| 1. Evaluate a patient’s signs and symptoms to determine the appropriate chief complaint and treatment priority. | Students will be evaluated by answering questions on a written exam that will be evaluated using a scantron scanner. | All students will correctly answer at least 80% of the exam questions. |
| 2. Analyze emergency cases and write summaries on the | Students will be assessed for communication using student presentations in case scenarios that | At least 75% of students will achieve 75% of the points available on the case scenario. |
XI. COURSE OBJECTIVES:

At the completion of this unit, the paramedic student will be able to:

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

At the completion of this unit, the paramedic student will be able to:

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

At the completion of this unit, the paramedic student will be able to:

5-3.1 Describe the incidence, morbidity and mortality of neurological emergencies. (C-1)
5-3.2 Identify the risk factors most predisposing to the nervous system. (C-1)
5-3.3 Discuss the anatomy and physiology of the organs and structures related to nervous system. (C-1)
5-3.4 Discuss the pathophysiology of non-traumatic neurologic emergencies. (C-1)
5-3.5 Discuss the assessment findings associated with non-traumatic neurologic emergencies. (C-1)
5-3.6 Identify the need for rapid intervention and the transport of the patient with non-traumatic emergencies. (C-1)
5-3.7 Discuss the management of non-traumatic neurological emergencies. (C-1)
5-3.8 Discuss the pathophysiology of coma and altered mental status. (C-1)
5-3.9 Discuss the assessment findings associated with coma and altered mental status. (C-1)
5-3.10 Discuss the management/treatment plan of coma and altered mental status. (C-1)
5-3.11 Describe the epidemiology, including the morbidity/mortality and prevention strategies, for seizures. (C-1)
5-3.12 Discuss the pathophysiology of seizures. (C-1)
5-3.13 Discuss the assessment findings associated with seizures. (C-1)
5-3.14 Define seizure. (C-1)
5-3.15 Describe and differentiate the major types of seizures. (C-3)
5-3.16 List the most common causes of seizures. (C-1)
5-3.17 Describe the phases of a generalized seizure. (C-1)
5-3.18 Discuss the pathophysiology of syncope. (C-1)
5-3.19 Discuss the assessment findings associated with syncope. (C-1)
5-3.20 Discuss the management/treatment plan of syncope. (C-1)
5-3.21 Discuss the pathophysiology of headache. (C-1)
5-3.22 Discuss the assessment findings associated with headache. (C-1)
5-3.23 Discuss the management/treatment plan of headache. (C-1)
5-3.24 Describe the epidemiology, including the morbidity/mortality and prevention strategies, for neoplasms. (C-1)
5-3.25 Discuss the pathophysiology of neoplasms. (C-1)
5-3.26 Describe the types of neoplasms. (C-1)
5-3.27 Discuss the assessment findings associated with neoplasms. (C-1)
5-3.28 Discuss the management/treatment plan of neoplasms. (C-1)
5-3.29 Define neoplasms. (C-1)
5-3.30 Recognize the signs and symptoms related to neoplasms. (C-1)
5-3.31 Correlate abnormal assessment findings with clinical significance in the patient with neoplasms. (C-3)
5-3.32 Differentiate among the various treatment and pharmacological interventions used in the management of neoplasms. (C-3)
5-3.33 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with neoplasms. (C-3)
5-3.34 Describe the epidemiology, including the morbidity/mortality and prevention strategies, for abscess. (C-1)
5-3.35 Discuss the pathophysiology of abscess. (C-1)
5-3.36 Discuss the assessment findings associated with abscess. (C-1)
5-3.37 Discuss the management/treatment plan of abscess. (C-1)
5-3.38 Define abscess. (C-1)
5-3.39 Recognize the signs and symptoms related to abscess. (C-1)
5-3.40 Correlate abnormal assessment findings with clinical significance in the patient with abscess. (C-3)
5-3.41 Differentiate among the various treatment and pharmacological interventions used in the management of abscess. (C-3)
5-3.42 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with abscess. (C-3)
5-3.43 Describe the epidemiology, including the morbidity/mortality and prevention strategies, for stroke and intracranial hemorrhage. (C-1)
5-3.44 Discuss the pathophysiology of stroke and intracranial hemorrhage. (C-1)
5-3.45 Describe the types of stroke and intracranial hemorrhage. (C-1)
5-3.46 Discuss the assessment findings associated with stroke and intracranial hemorrhage. (C-1)
5-3.47 Discuss the management/treatment plan of stroke and intracranial hemorrhage. (C-1)
5-3.48 Define stroke and intracranial hemorrhage. (C-1)
5-3.49 Recognize the signs and symptoms related to stroke and intracranial hemorrhage. (C-1)
5-3.50 Correlate abnormal assessment findings with clinical significance in the patient with stroke and intracranial hemorrhage. (C-3)
5-3.51 Differentiate among the various treatment and pharmacological interventions used in the management of stroke and intracranial hemorrhage. (C-3)
5-3.52 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with stroke and intracranial hemorrhage. (C-3)
5-3.53 Describe the epidemiology, including the morbidity/mortality and prevention strategies, for transient ischemic attack. (C-3)
5-3.54 Discuss the pathophysiology of transient ischemic attack. (C-1)
5-3.55 Discuss the assessment findings associated with transient ischemic attack. (C-1)
5-3.56 Discuss the management/treatment plan of transient ischemic attack. (C-1)
5-3.57 Define transient ischemic attack. (C-1)
5-3.58 Recognize the signs and symptoms related to transient ischemic attack. (C-1)
5-3.59 Correlate abnormal assessment findings with clinical significance in the patient with transient ischemic
attack. (C-3)
5-3.60 Differentiate among the various treatment and pharmacological interventions used in the management of transient ischemic attack. (C-3)
5-3.61 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with transient ischemic attack. (C-3)
5-3.62 Describe the epidemiology, including the morbidity/mortality and prevention strategies, for degenerative neurological diseases. (C-1)
5-3.63 Discuss the pathophysiology of degenerative neurological diseases. (C-1)
5-3.64 Discuss the assessment findings associated with degenerative neurological diseases. (C-1)
5-3.65 Discuss the management/treatment plan of degenerative neurological diseases. (C-1)
5-3.66 Define the following: (C-1)
a. Muscular dystrophy
b. Multiple sclerosis
c. Dystonia
d. Parkinson’s disease
e. Trigeminal neuralgia
f. Bell’s palsy
g. Amyotrophic lateral sclerosis
h. Peripheral neuropathy
i. Myoclonus
j. Spina bifida
k. Poliomyelitis
5-3.67 Recognize the signs and symptoms related to degenerative neurological diseases. (C-1)
5-3.68 Correlate abnormal assessment findings with clinical significance in the patient with degenerative neurological diseases. (C-3)
5-3.69 Differentiate among the various treatment and pharmacological interventions used in the management of degenerative neurological diseases. (C-3)
5-3.70 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with degenerative neurological diseases. (C-3)
5-3.71 Integrate the pathophysiological principles of the patient with a neurological emergency. (C-3)
5-3.72 Differentiate between neurological emergencies based on assessment findings. (C-3)
5-3.73 Correlate abnormal assessment findings with the clinical significance in the patient with neurological complaints. (C-3)
5-3.74 Develop a patient management plan based on field impression in the patient with neurological emergencies. (C-3)

At the completion of this unit, the paramedic student will be able to:
5-3.75 Characterize the feelings of a patient who regains consciousness among strangers. (A-2)
5-3.76 Formulate means of conveying empathy to patients whose ability to communicate is limited by their condition. (A-3)

At the completion of this unit, the paramedic student will be able to:
5-4.1 Describe the incidence, morbidity and mortality of endocrinologic emergencies. (C-1)
5-4.2 Identify the risk factors most predisposing to endocrinologic disease. (C-1)
5-4.3 Discuss the anatomy and physiology of organs and structures related to endocrinologic diseases. (C-1)
5-4.4 Review the pathophysiology of endocrinologic emergencies. (C-1)
5-4.5 Discuss the general assessment findings associated with endocrinologic emergencies. (C-1)
5-4.6 Identify the need for rapid intervention of the patient with endocrinologic emergencies. (C-1)
5-4.7 Discuss the management of endocrinologic emergencies. (C-1)
5-4.8 Describe osmotic diuresis and its relationship to diabetes. (C-1)
5-4.9 Describe the pathophysiology of adult onset diabetes mellitus. (C-1)
5-4.10 Describe the pathophysiology of juvenile onset diabetes mellitus. (C-1)
5-4.11 Describe the effects of decreased levels of insulin on the body. (C-1)
5-4.12 Correlate abnormal findings in assessment with clinical significance in the patient with a diabetic emergency. (C-3)
5-4.13 Discuss the management of diabetic emergencies. (C-1)
5-4.14 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with a diabetic emergency. (C-3)

5-4.15 Differentiate between the pathophysiology of normal glucose metabolism and diabetic glucose metabolism. (C-3)

5-4.16 Describe the mechanism of ketone body formation and its relationship to ketoacidosis. (C-1)

5-4.17 Discuss the physiology of the excretion of potassium and ketone bodies by the kidneys. (C-1)

5-4.18 Describe the relationship of insulin to serum glucose levels. (C-1)

5-4.19 Describe the effects of decreased levels of insulin on the body. (C-1)

5-4.20 Describe the effects of increased serum glucose levels on the body. (C-1)

5-4.21 Discuss the pathophysiology of hypoglycemia. (C-1)

5-4.22 Discuss the utilization of glycogen by the human body as it relates to the pathophysiology of hypoglycemia. (C-3)

5-4.23 Describe the actions of epinephrine as it relates to the pathophysiology of hypoglycemia. (C-3)

5-4.24 Recognize the signs and symptoms of the patient with hypoglycemia. (C-1)

5-4.25 Describe the compensatory mechanisms utilized by the body to promote homeostasis relative to hypoglycemia. (C-1)

5-4.26 Describe the management of a responsive hypoglycemic patient. (C-1)

5-4.27 Correlate abnormal findings in assessment with clinical significance in the patient with hypoglycemia. (C-1)

5-4.28 Discuss the management of the hypoglycemic patient. (C-1)

5-4.29 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with hypoglycemia. (C-3)

5-4.30 Discuss the pathophysiology of hyperglycemia. (C-1)

5-4.31 Recognize the signs and symptoms of the patient with hyperglycemia. (C-1)

5-4.32 Describe the management of hyperglycemia. (C-1)

5-4.33 Correlate abnormal findings in assessment with clinical significance in the patient with hyperglycemia. (C-3)

5-4.34 Discuss the management of the patient with hyperglycemia. (C-1)

5-4.35 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with hyperglycemia. (C-3)

5-4.36 Discuss the pathophysiology of nonketotic hyperosmolar coma. (C-1)

5-4.37 Recognize the signs and symptoms of the patient with nonketotic hyperosmolar coma. (C-1)

5-4.38 Describe the management of nonketotic hyperosmolar coma. (C-1)

5-4.39 Correlate abnormal findings in assessment with clinical significance in the patient with nonketotic hyperosmolar coma. (C-3)

5-4.40 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with nonketotic hyperosmolar coma. (C-3)

5-4.41 Discuss the management of the patient with hyperglycemia. (C-1)

5-4.42 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with hyperglycemia. (C-3)

5-4.43 Discuss the pathophysiology of diabetic ketoacidosis. (C-1)

5-4.44 Recognize the signs and symptoms of the patient with diabetic ketoacidosis. (C-1)

5-4.45 Describe the management of diabetic ketoacidosis. (C-1)

5-4.46 Correlate abnormal findings in assessment with clinical significance in the patient with diabetic ketoacidosis. (C-3)

5-4.47 Discuss the management of the patient with diabetic ketoacidosis. (C-1)

5-4.48 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with diabetic ketoacidosis. (C-3)

5-4.49 Discuss the pathophysiology of thyrotoxicosis. (C-1)

5-4.50 Recognize signs and symptoms of the patient with thyrotoxicosis. (C-1)

5-4.51 Describe the management of thyrotoxicosis. (C-1)

5-4.52 Correlate abnormal findings in assessment with clinical significance in the patient with thyrotoxicosis. (C-3)

5-4.53 Discuss the management of the patient with thyrotoxicosis. (C-1)
At the completion of this unit, the paramedic student will be able to:

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

5-5.17 Integrate the pathophysiological principles of the patient with anaphylaxis. (C-3)
5-5.18 Correlate abnormal findings in assessment with the clinical significance in the patient with anaphylaxis. (C-3)
5-5.19 Develop a treatment plan based on field impression in the patient with allergic reaction and anaphylaxis.
At the conclusion of this unit, the paramedic student will be able to:

5-6.1 Describe the incidence, morbidity and mortality of gastrointestinal emergencies. (C-1)
5-6.2 Identify the risk factors most predisposing to gastrointestinal emergencies. (C-1)
5-6.3 Discuss the anatomy and physiology of the organs and structures related to gastrointestinal diseases. (C-1)
5-6.4 Discuss the pathophysiology of inflammation and its relationship to acute abdominal pain. (C-1)
5-6.5 Define somatic pain as it relates to gastroenterology. (C-1)
5-6.6 Define visceral pain as it relates to gastroenterology. (C-1)
5-6.7 Define referred pain as it relates to gastroenterology. (C-1)
5-6.8 Differentiate between hemorrhagic and non-hemorrhagic abdominal pain. (C-3)
5-6.9 Discuss the signs and symptoms of local inflammation relative to acute abdominal pain. (C-1)
5-6.10 Discuss the signs and symptoms of peritoneal inflammation relative to acute abdominal pain. (C-1)
5-6.11 List the signs and symptoms of general inflammation relative to acute abdominal pain. (C-1)
5-6.12 Based on assessment findings, differentiate between local, peritoneal and general inflammation as they relate to acute abdominal pain. (C-3)
5-6.13 Describe the questioning technique and specific questions the paramedic should ask when gathering a focused history in a patient with abdominal pain. (C-1)
5-6.14 Describe the technique for performing a comprehensive physical examination on a patient complaining of abdominal pain. (C-1)
5-6.15 Define upper gastrointestinal bleeding. (C-1)
5-6.16 Discuss the pathophysiology of upper gastrointestinal bleeding. (C-1)
5-6.17 Recognize the signs and symptoms related to upper gastrointestinal bleeding. (C-1)
5-6.18 Describe the management for upper gastrointestinal bleeding. (C-1)
5-6.19 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with upper GI bleeding. (C-3)
5-6.20 Define lower gastrointestinal bleeding. (C-1)
5-6.21 Discuss the pathophysiology of lower gastrointestinal bleeding. (C-1)
5-6.22 Recognize the signs and symptoms related to lower gastrointestinal bleeding. (C-1)
5-6.23 Describe the management for lower gastrointestinal bleeding. (C-1)
5-6.24 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with lower GI bleeding. (C-3)
5-6.25 Define acute gastroenteritis. (C-1)
5-6.26 Discuss the pathophysiology of acute gastroenteritis. (C-1)
5-6.27 Recognize the signs and symptoms related to acute gastroenteritis. (C-1)
5-6.28 Describe the management for acute gastroenteritis. (C-1)
5-6.29 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with acute gastroenteritis. (C-3)
5-6.30 Define colitis. (C-1)
5-6.31 Discuss the pathophysiology of colitis. (C-1)
5-6.32 Recognize the signs and symptoms related to colitis. (C-1)
5-6.33 Describe the management for colitis. (C-1)
5-6.34 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with colitis. (C-3)
5-6.35 Define gastroenteritis. (C-1)
5-6.36 Discuss the pathophysiology of gastroenteritis. (C-1)
5-6.37 Recognize the signs and symptoms related to gastroenteritis. (C-1)
5-6.38 Describe the management for gastroenteritis. (C-1)
5-6.39 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with gastroenteritis. (C-3)
5-6.40 Define diverticulitis. (C-1)
5-6.41 Discuss the pathophysiology of diverticulitis. (C-1)
5-6.42 Recognize the signs and symptoms related to diverticulitis. (C-1)
5-6.43 Describe the management for diverticulitis. (C-1)
5-6.44 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with diverticulitis. (C-3)
5-6.45 Define appendicitis. (C-1)
5-6.46 Discuss the pathophysiology of appendicitis. (C-1)
5-6.47 Recognize the signs and symptoms related to appendicitis. (C-1)
5-6.48 Describe the management for appendicitis. (C-1)
5-6.49 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with appendicitis. (C-3)
5-6.50 Define peptic ulcer disease. (C-1)
5-6.51 Discuss the pathophysiology of peptic ulcer disease. (C-1)
5-6.52 Recognize the signs and symptoms related to peptic ulcer disease. (C-1)
5-6.53 Describe the management for peptic ulcer disease. (C-1)
5-6.54 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with peptic ulcer disease. (C-3)
5-6.55 Define bowel obstruction. (C-1)
5-6.56 Discuss the pathophysiology of bowel obstruction. (C-1)
5-6.57 Recognize the signs and symptoms related to bowel obstruction. (C-1)
5-6.58 Describe the management for bowel obstruction. (C-1)
5-6.59 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with bowel obstruction. (C-3)
5-6.60 Define Crohn's disease. (C-1)
5-6.61 Discuss the pathophysiology of Crohn's disease. (C-1)
5-6.62 Recognize the signs and symptoms related to Crohn's disease. (C-1)
5-6.63 Describe the management for Crohn's disease. (C-1)
5-6.64 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with Crohn's disease. (C-3)
5-6.65 Define pancreatitis. (C-1)
5-6.66 Discuss the pathophysiology of pancreatitis. (C-1)
5-6.67 Recognize the signs and symptoms related to pancreatitis. (C-1)
5-6.68 Describe the management for pancreatitis. (C-1)
5-6.69 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with pancreatitis. (C-3)
5-6.70 Define esophageal varices. (C-1)
5-6.71 Discuss the pathophysiology of esophageal varices. (C-1)
5-6.72 Recognize the signs and symptoms related to esophageal varices. (C-1)
5-6.73 Describe the management for esophageal varices. (C-1)
5-6.74 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with esophageal varices. (C-3)
5-6.75 Define hemorrhoids. (C-1)
5-6.76 Discuss the pathophysiology of hemorrhoids. (C-1)
5-6.77 Recognize the signs and symptoms related to hemorrhoids. (C-1)
5-6.78 Describe the management for hemorrhoids. (C-1)
5-6.79 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with hemorrhoids. (C-3)
5-6.80 Define cholecystitis. (C-1)
5-6.81 Discuss the pathophysiology of cholecystitis. (C-1)
5-6.82 Recognize the signs and symptoms related to cholecystitis. (C-1)
5-6.83 Describe the management for cholecystitis. (C-1)
5-6.84 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with cholecystitis. (C-3)
5-6.85 Define acute hepatitis. (C-1)
5-6.86 Discuss the pathophysiology of acute hepatitis. (C-1)
5-6.87 Recognize the signs and symptoms related to acute hepatitis. (C-1)
5-6.88 Describe the management for acute hepatitis. (C-1)
5-6.89 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with acute hepatitis. (C-3)
5-6.90 Integrate pathophysiological principles of the patient with a gastrointestinal emergency. (C-3)
5-6.91 Differentiate between gastrointestinal emergencies based on assessment findings. (C-3)
5-6.92 Correlate abnormal findings in the assessment with the clinical significance in the patient with abdominal pain. (C-3)
5-6.93 Develop a patient management plan based on field impression in the patient with abdominal pain. (C-3)

At the completion of this unit, the paramedic student will be able to:

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

At the completion of this unit, the paramedic student will be able to:

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

Lab:

At the completion of this unit, the paramedic student will be able to:

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

At the completion of this unit, the paramedic student will be able to:

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

Hematologic:
5-9.25 Perform an assessment of the patient with hematologic disorder. (P-1)
5-11.60 Demonstrate the ability to comply with body substance isolation guidelines. (P-2)

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

Gynecological:
5-13.10 Demonstrate how to assess a patient with a gynecological complaint. (P-2)
5-13.11 Demonstrate how to provide care for a patient with:
   a. Excessive vaginal bleeding
   b. Abdominal pain
   c. Sexual assault
5-14.27 Demonstrate how to assess an obstetric patient. (P-2)
5-14.28 Demonstrate how to provide care for a patient with:
   a. Excessive vaginal bleeding
   b. Abdominal pain
   c. Hypertensive crisis

Obstetric:
5-14.29 Demonstrate how to prepare the obstetric patient for delivery. (P-2)
5-14.30 Demonstrate how to assist in the normal cephalic delivery of the fetus. (P-2)
5-14.31 Demonstrate how to deliver the placenta. (P-2)
5-14.32 Demonstrate how to provide post-delivery care of the mother. (P-2)
5-14.33 Demonstrate how to assist with abnormal deliveries. (P-2)
5-14.34 Demonstrate how to care for the mother with delivery complications. (P-2)

X. METHODS OF INSTRUCTION:
   - Lecture
   - Discussion
   - Video Presentations
   - Review of Articles and Informative Web Based Resources

XI. METHODS OF EVALUATION:
30% Quizzes
40% Block Exams
20% Homework Assignments

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The grading policy is as follows:

- 93-100% A
- 85-92% B
- 80-84% C

A minimum score of 80% is required to remain in the program. A score of 79% or less will be recorded as an "F".

XII. ETHICS AND STANDARDS OF CONDUCT:

Due to the high standards of the Program and the paramedic profession, student conduct must reflect professionalism, integrity and responsibility at all times. The following section sets forth ethical standards, standards of conduct, and examples of misconduct subject to disciplinary action (including probation or termination from the Program).

**Ethical Standards**

Students are expected to meet the following ethical standards while in the Program:

- Paramedics are health care professionals regardless of whether or not they receive monetary compensation for their work. Thus, a paramedic is bound by the highest standards of professional conduct and ethics. The program will not tolerate a breach of these standards by its students. **Certain acts may be so serious that they subject the student to immediate dismissal without progressive discipline.**

- Students must conduct themselves in an ethical manner throughout the classroom, clinical, and field internship phases of the program. Failure to adhere to these standards may result in immediate termination from the program. Violation of these standards includes, but is not limited to, physical violence, stealing, lying, cheating, or breach of patient confidentiality.

**Professional Behavior**

The conduct of the paramedic student reflects upon the individual, his or her agency, the program, and the EMS profession. Therefore, the student must conduct him/herself in a professional and responsible manner at all times as described below. **Failure to demonstrate professional behavior may result in termination.**

Professional Behavior/Attributes include:

- **Leadership.** Self-confidence, established credibility, ability to remain in control, ability to communicate, willingness to make a decision, willingness to accept responsibility for the consequences of the team's action.
- **Integrity.** Consistent honesty; being able to be trusted with the property of others or with confidential information; complete and accurate documentation of patient care and learning activities.
- **Empathy.** Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.
- **Self-motivation.** Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities; participating in tutoring sessions; and completing prescribed remediation.
- **Appearance & Personal Hygiene.** Appropriate, neat, clean and well-maintained clothing and uniform; good personal hygiene and grooming.
- **Self-confidence.** Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercising good personal judgment.
- **Communication Skills.** Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.
- **Time Management Skills.** Consistent punctuality; completing tasks and assignments on time.
- **Diplomacy in Teamwork.** Placing the success of the team above self interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.
- **Respect.** Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.
- **Patient Advocacy.** Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self interest; protecting and respecting patient confidentiality and dignity.
- **Careful Delivery of Service.** Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

**Misconduct**

Students are subject to disciplinary action up to and including termination from the Program for misconduct, including but not limited to:

- **Academic Dishonesty.** All forms of academic misconduct, including but not limited to cheating, fabrication, plagiarism, multiple submissions, or facilitating academic dishonesty. For the purposes of this policy, the following definitions apply:

  - **Cheating.** Cheating includes, but is not limited to, the use of or appearance of use of unauthorized materials, information, or study aids in any academic exercise; or helping another student commit an act of academic fraud; or the failure to observe the expressed procedures or instructions of an academic exercise (e.g., examination instructions regarding alternate seating or conversation during an examination).

  - **Fabrication.** Fabrication includes, but is not limited to, falsification or invention of any information or citation in an academic exercise.

  - **Plagiarism.** Plagiarism includes, but is not limited to, the use of another's words or ideas as if they were one's own; including but not limited to representing, either with the intent to deceive or by the omission of the true source, part of or an entire work produced by someone other than the student, obtained by purchase or otherwise, as the student's original work; or representing the identifiable but altered ideas, data, or writing of another person as if those ideas, data, or writing were the student's original work.

  - **Multiple Submissions.** Multiple submissions includes, but is not limited to, the resubmission by a student of any work which has been previously submitted for credit in identical or similar form in one course to fulfill the requirements of a second course, without the informed permission/consent of the instructor of the second course; or the submission by a student of any work submitted for credit in identical or similar form in one course to fulfill the requirements of a concurrent course, without the permission/consent of the instructors of both courses.

  - **Other Forms of Dishonesty.** Other forms of dishonesty, including but not limited to fabricating information or knowingly furnishing false information or reporting a false emergency to the program or to program officials acting in the performance of their duties.

- **Forgery.** Forgery, alteration, or misuse of any program document, record, key, electronic device, or identification. This policy applies to any individual for whom the program maintains records, regardless of current student status. Signing an attendance roster for another student or signing a clinical evaluation for a nurse are examples of forgery.

- **Theft.** Theft of, conversion of, misappropriation of, or damage to or destruction of any property of the program or University or property of others while on program or University premises or at official program functions; or possession of any property of the program or others stolen while on program premises or at official program functions.

- **Computers.** Theft or other abuse of computing facilities or computer time, including but not limited to unauthorized entry into a file to use, read, or change the contents or for any other purpose; unauthorized transfer of a file; unauthorized use of another individual's identification or password; use of computing facilities to interfere with the work of another student, faculty member, or program official; use of computing facilities to interfere with a program computing system.
• Unauthorized Conduct. Unauthorized possession of, receipt of, duplication of, or use of the program's name, insignia, or seal. Unauthorized entry to, possession of, receipt of, or use of any program properties, equipment, resources, or services. Selling or distributing course lecture notes, handouts, readers, or other information provided by an instructor, or using them for any commercial purpose, without the express permission of the instructor.

• Physical Abuse. Physical abuse, including but not limited to rape, sexual assault, sex offenses, and other physical assault; threats of violence; or conduct that threatens the health or safety of any person.

• Rape. Rape refers to "rape" as defined by the California Penal Code (as it may be amended from time to time). Among other acts, the Penal Code prohibits the following acts:
  Sexual intercourse against a person's will accomplished by force or threats of bodily injury.
  Sexual intercourse against a person's will where the person has reasonable fear that she (or he) or another will be injured if she (or he) does not submit to the intercourse.
  Sexual intercourse where the person is incapable of giving consent, or is prevented from resisting, due to alcohol or drugs, and this condition was known, or reasonably should have been known by the accused.
  Sexual intercourse where the person is incapable of resisting because she (or he), at the time, is unconscious or asleep, and this is known to the accused.

• Sexual Assault. The act of sexual assault includes forced sodomy (anal intercourse); forced oral copulation (oral-genital contact); rape by foreign object (forced penetration by a foreign object, including a finger); and sexual battery (the unwanted touching of an intimate part of another person for the purpose of sexual arousal). These also include situations when the accused sexually assaults a complainant incapable of giving consent, including where the complainant is prevented from resisting due to alcohol or drugs and this condition was known, or reasonably should have been known by the accused. Note: For the purpose of this regulation, students should understand that:
  Forced intercourse or other unwanted sexual contact is defined as rape or sexual assault whether the assailant is a stranger or an acquaintance of the complainant.
  Intoxication of the assailant shall not diminish the assailant's responsibility for sexual assault.

• Sexual Harassment. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:
  Submission to such conduct is made either explicitly or implicitly a term or condition of instruction, employment, or participation in other Program activity;
  Submission to or rejection of such conduct by an individual is used as a basis for evaluation in making academic or personnel decisions affecting an individual; or
  Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive Program environment.
  In determining whether the alleged conduct constitutes sexual harassment, consideration shall be given to the record of the incident as a whole and to the totality of the circumstances, including the context in which the alleged incidents occurred.

• Stalking. Stalking is behavior in which an individual willfully, maliciously, and repeatedly engages in a knowing course of conduct directed at a specific person which reasonably and seriously alarms, torments, or terrorizes the person, and which serves no legitimate purpose.

• "Fighting Words." The use of "fighting words" by students to harass any person(s) on Program property, on other property to which these policies apply, or in connection with official Program functions or program-sponsored programs. "Fighting words" are those personally abusive epithets which, when directly addressed to any ordinary person are, in the context used and as a matter of common knowledge, inherently likely to provoke a violent reaction whether or not they actually do so. Such words include, but are not limited to, those terms widely recognized to be derogatory references to race, ethnicity, religion, sex, sexual orientation, disability, and other personal characteristics. "Fighting words" constitute "harassment" when the circumstances of their utterance create a hostile and intimidating environment which the student uttering them should reasonably know will interfere with the victim's ability to pursue effectively his or her education or otherwise to participate fully in Program programs and activities.

• Hazing. Hazing or any method of initiation or pre-initiation activity which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm to any student or other person.
• **Obstruction or Disruption.** Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other program activities.

• **Disorderly Conduct.** Disorderly or lewd conduct.

• **Disturbing the Peace.** Participation in a disturbance of the peace or unlawful assembly.

• **Failure to Comply.** Failure to identify oneself to, or comply with directions of, a program official or other public official acting in the performance of their duties while on program property or at official program functions, or resisting or obstructing such program or other public officials in the performance of or the attempt to perform their duties.

• **Controlled Substances.** Unlawful manufacture, distribution, dispensing, possession, use, or sale of, or the attempted manufacture, distribution, dispensing, or sale of controlled substances, identified in Federal and State laws or regulations.

• **Alcohol.** Manufacture, distribution, dispensing, possession, use, or sale of, or the attempted manufacture, distribution, dispensing, or sale of alcohol which is unlawful or otherwise prohibited by, or not in compliance with, Program policy or campus regulations.

• **Destructive Devices.** Possession, use, storage, or manufacture of explosives, firebombs, or other destructive devices.

• **Weapons.** Except as expressly permitted by law, possession, use, storage, or manufacture of a firearm or other weapon capable of causing bodily injury.

• **Program Properties.** Using Program properties for the purpose of organizing or carrying out unlawful activity.

• **Violations of Law.** Violation of Federal, State, or local laws.

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**Classroom Decorum**

• Pagers must be turned to silent alert mode or turned off during class.

• Cellular phones and wireless devices must be turned off and stowed away during class and skills labs. Calls and text messages are not to be answered and students are not to leave the classroom during lecture or skills to receive or return calls.

• Student audio, but not video, recording devices are permitted during lectures. No recording devices (cell phones, PDA, personal recording devices, etc.) are allowed out or on your person during quiz reviews or testing, including skills testing. Any phone call to be made during an exam will be done from the front office phone.

• Emergency phone calls may be received by the front office during class and this must be told to anyone wishing to contact you.

• Students must be prepared for class each day. Students should have appropriate learning tools and implements such as: texts, pen, pencil, paper, notebooks, policy manuals, skills manuals, etc. On skills days, students should always wear a watch with second hand, have a stethoscope, and have their skills manuals with them.

• Regularly scheduled breaks will be given throughout the class period. These breaks should be used for returning pages or phone calls, using the restrooms, obtaining snacks or beverages, or smoking. Disrupting the class for any reason other than an emergency will not be tolerated. Special circumstances must be prearranged with the instructor.
• Smoking and use of tobacco products of any kind is not permitted in the building or near its entrances. Smoking is only permitted in assigned areas; proper disposal of cigarette butts is required.

• Reasonable food and covered drinks are allowed in the classroom so long as their consumption does not interfere with the instructor’s lesson or other students’ ability to concentrate. Food that is noisy or smelly may not be consumed in the classroom. Sunflower seeds will be banned if shells are found on the floor.

• Students are not permitted to use facility equipment, including phones, fax machines, staff or faculty computers, or copiers. Students must not enter any faculty office or area without faculty permission. Designated areas of the facility as defined by the faculty are off limits.

• The designated computer lab must only be used for academic work.

• While on breaks, students must respect other students, faculty, and staff with their activities. The facility is used for many other classes and activities. Please be respectful.

• Students must respect the physical property of the facility and its cleanliness. All student areas should be neat and clean prior to leaving the facility at the end of class. Students must wipe down their work surface and put their chair up at the end of class each day.

• Faculty or staff should be notified of any facility issues so that timely maintenance or repair can occur. Housecleaning responsibilities will be shared by the students and explained further during the first week of class.

• After all breaks, students must return to the classroom or skills group on time or be subject to the tardiness policy.

• Students must not sleep in class. Students may stand (not sit) in the back of the classroom if needed to remain attentive.

• Personal computers may not be allowed in the classroom except when specifically requested or allowed by the Instructor for an academic purpose on a given day.

• The Program is committed to reduce, reuse, and recycle. Recycle bins for glass, plastic and aluminum cans exist throughout the building and should be used by students and faculty. Students must not throw recyclables into regular trash bins.

• Students may not contact Clinical Instructors (skills instructors) with questions, comments or concerns without express permission from a full-time faculty member. It is a violation of the Standards of Conduct of the Program to engage in a social or physical relationship with any faculty or staff member, skills or clinical instructor or preceptor.

XIII. ATTENDANCE:

Attendance during all phases of the program is extremely important because of the nature of the material to be presented and the required commitment of outside professionals (clinical faculty and field preceptors) in the program. Following are the attendance requirements for each portion of the program.

General Attendance Rules

Attendance at all classroom, clinical, and field sessions is required. Attendance is verified by signing the attendance roster before the start of each class session (0800 for am sessions and 1330 for pm sessions unless otherwise indicated by the instructor). Students who are not signed in by 0800 or 1330 respectively will be determined to be late or absent.

Any absence requires prior notification of the Program Director, either personally, by phone or by e-mail. A student’s failure to make appropriate notification will result in administrative probation after the first occurrence and termination after the second occurrence, cumulatively throughout the entire course to include classroom, clinical and field internship. Absences will be excused only in the event of severe illness requiring hospitalization, family emergency, jury duty or comparable occurrence. Documentation of the
emergency will be required. These strict attendance rules are necessary due to the limited duration of the program and the large number of hours that must be completed for accreditation by the State.

Tardiness is defined as arrival after the start of class (morning or afternoon session) or clinical or field shift. A student who is more than two hours late for the start of class will be marked absent. In the clinical and field internship phases, any tardiness or absence must be reported both to the clinical or field site and to the Paramedic School. Tardiness beyond 30 minutes will result in the shift needing to be rescheduled and repeated at a later date.

Departure prior to the end of class or shift is also prohibited. Students leaving early must notify the instructor/preceptor prior to leaving. Students leaving more than 2 hours before the end of class or shift will be charged with an absence. Early departure between 30 minutes and two hours will result in the shift needing to be rescheduled and necessitate repeating the entire shift. Students leaving up to 30 minutes before the end of the shift will be charged with early departure.

Any combination of three tardies or early departures will be equivalent to one absence. Students will be placed on probation after the equivalent of three absences and terminated upon the tardy, early departure or absence that would exceed five absences for any reason, including withholding of services for nonpayment of installments on the tuition payment plan. Students will be allowed two additional occurrences in each of the clinical and field phases of the program, although the shifts will be required to be rescheduled and completed.

**Classroom Phase**

During the classroom phase, attendance is critical. All lectures and skills sessions build on material from prior lectures and skills sessions. Without a strong foundation in this prior material, it is extremely difficult to attain and master the new material or skill.

It is the student's responsibility to obtain the information from any lecture or practical session missed. The Program may require the student to perform additional assignments to make up information missed.

If a quiz is missed due to tardiness, early departure, or absence for any reason including withholding of services for nonpayment of installments on the tuition payment plan, the quiz grade will be a zero. The zero grade will be recorded and figured into the grade average, but not count against the total number of failed quizzes allowed. Students who miss the quiz shall not participate in any quiz review.

In an emergency, a class may be cancelled by the Program Director. Confirmation of classes can be made by calling (310) 680-1100, or checking the website.
XIV. COURSE DATES:

This course is offered through the UCLA Center for Prehospital Care and is conducted in an accelerated format designed to meet the needs of students and employers. Class normally meets Monday – Friday, from 8:00am – 5:00pm. Please see the class schedule for specific dates.

XV. COURSE OUTLINE (SUBJECT TO CHANGES):

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<td>Childbirth &amp; Neonatology</td>
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