Course Change Form

Date of Request: September 29, 2008

Course Addition

1. Course Title: *Respiratory Care Therapeutics I*
   
   Instructor permission required: No
   
   Prefix & Num: RESTH 2040

2. Pre-requisite(s): *Acceptance into the respiratory therapy program is required.*
   
   Co-requisite(s): RESTH 2041
   
   Credits: 3.00
   
   Clinical: 0.00
   Practicum: 0.00
   Independent Study: 0.00
   
   Class Hours/Week: *LEC: 3.00*  *LBC w/cr: 0.00*  *LNC w/no cr: 0.00*

3. Semester to be Implemented: Spring, 2009
   
   Day ☒
   Extended Day ☐
   Grade type Regular

4. Cost Code:
   
   Lab Fee: $0.00
   Additional Fees: $0.00
   Potential WLF: 0.00

5. Is this course designed for a specific group? Yes Who? *Students enrolled in the respiratory therapy program.*

6. Catalog Description: ☒ Now in Print, or ☐ Proposed Below:
   
   Course provides students with theory and clinical applications of a wide range of respiratory therapy modalities. Content includes medical gases (including cylinders, regulators, flowmetering devices, and liquid oxygen), aerosols, humidity, hyperinflation techniques, chest physiotherapy, and airway clearance techniques. Students must master the clinical indications, contraindications, side-effects, and desired outcomes of therapies. Clinical Practice Guidelines [CPGs] are introduced. Concurrent enrollment in RESTH 2041.

7. Course justification (attach sheets if needed):
   
   New program, integrated courses are required by professional accreditation standards.

8. Are library resources adequate to support this change? Yes If not, how are those resources to be acquired?

9. Are technical and other resources available? Yes If not, how are those resources to be acquired?

10. Relationship to the curriculum: Would the course fill a G.E. requirement? No If yes, which G.E. area? If it does not fill a G.E. requirement, would the course offer elective credit? Yes

11. Transferability of the course: List comparable courses at other colleges and universities:

<table>
<thead>
<tr>
<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prefix &amp; Num.</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒</td>
<td>Basic Modalities in Respiratory Care I</td>
<td>3</td>
<td>REST 2300</td>
<td>WSU</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
<td>DSC</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
<td>DSC</td>
<td></td>
</tr>
</tbody>
</table>

Approval Signatures:

Dean: [Signature]

Date: 10/20/08

Academic VP: [Signature]

Date: [Signature]