Course Change Form

Date of Request: September 29, 2008
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Course Addition

Original: Georgine Bills
Department: Respiratory Therapy
Replacement Course ID: RESTH 2050

1. Course Title: Introduction to Respiratory Care Pharmacology
   Prefix & Num: RESTH 2050

2. Pre-requisite(s): Acceptance into the respiratory therapy program is required.
   Co-requisite(s):
   • LEC: 3.00
   • LBC w/cr: 0.00
   • LNC w/no cr: 0.00
   Credits: 3.00
   Clinical: 0.00
   Practicum: 0.00
   Independent Study: 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 an introduction to principles of pharmacology including administration routes and dosage calculation of selected medications. Content includes pharmacology associated with treatment of infectious diseases and disorders of the hematologic, cardiovascular, pulmonary, endocrine, renal, GI, and neurologic systems. Concepts of management of sedation, anesthesia, analgesia, and chemotherapeutic agents are also included. Specific application of principles associated with aerosolized medications and topical absorption is included.

7. Course justification (attach sheets if needed):
   New program, course is required by professional accreditation standards.

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

9. Are technical and other resources available? Yes □
   If not, how are these 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>
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<tr>
<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prefix &amp; Num.</th>
<th>Institution</th>
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<td>Pharmacology I</td>
<td>2</td>
<td>NURS 1010</td>
<td>DSC</td>
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<tr>
<td>□</td>
<td>□</td>
<td>Principles of Pharmacology</td>
<td>2</td>
<td>REST 2520</td>
<td>WSU</td>
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</tbody>
</table>

Approval Signatures:

Dean: [Signature] Date: 10/20/08

Academic VP: [Signature] Date: _________