Course Change Form

Date of Request: September 29, 2008

Course Addition

1. Course Title: Patient Assessment

2. Pre-requisite(s): Acceptance into the respiratory therapy program is required.
   Co-requisite(s): Instructor permission required: No
   *LEC: 2.00 *LBC w/cr: 0.00 *LNC w/no cr: 0.00 Credits: 2.00
   Clinical: 0.00 Practicum: 0.00 Independent Study: 0.00

3. Semester to be Implemented: Spring, 2009

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

Explanation of Fees:

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 introduces students to basic patient assessment techniques including physical assessment and integration of laboratory and diagnostic findings associated with specific diagnoses. Content includes physical findings; radiologic findings and other imaging studies; laboratory tests such as electrolytes, bacteriology, hematology, and metabolic studies; acid-base balance and blood gas analysis; basic pulmonary function; and hemodynamic values. Emphasis of this course is the integration of the patient presentation and the associated pathology.

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 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:

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<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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<tr>
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<td>Basic Patient Assessment</td>
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Approval Signatures:

Dean: [Signature] Date: 10/30/08

Academic VP: ___________________________ Date: ________