Course Change Form

Date of Request: March 3, 2010
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Course Addition

| Course Title: Complex Health and Illness Concepts | Prefix & Num: NURS 2700 |

2. Pre-requisite(s): Admission to the Dixie State College Associate Degree in Nursing Program
   - Co-requisite(s):
   - Clinical: 180.00
   - Practicum: 0.00
   - Credits: 8.00
   - *LEC: 4.00
   - *LBC w/ cr: 0.00
   - Extra: 0.00

3. Semester to be Implemented: Spring, 2011
   - Day ☑
   - Extended Day ☐
   - Grade type: Regular
   - Potential WLF: 8.00

4. Cost Code: HEA 303
   - Lab Fee: $0.00
   - Additional Fees: $250

Explanation of Fees: Cost of ATI testing package and program pinning ceremony

5. Is this course designed for a specific group? Yes Who? Students admitted to the ADN program

6. Catalog Description: ☐ Now in Print, or ☑ Proposed Below:
   Third semester course. Assimilates concepts within the three domains of the client, healthcare, and nursing. Emphasis is placed on the concepts of fluid and electrolytes, metabolism, thermoregulation, oxygenation, perfusion, tissue integrity, infection, mobility, stress and coping, family, violence, critical thinking, and nursing process. Includes classroom and clinical learning experiences. Course fee required. Prerequisites: Admission to the Dixie State College Associate Degree in Nursing Program.

7. Course justification (attach sheets if needed):
   Third semester course in revised ADN concept-based curriculum program.

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>
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Approval Signatures:

Department Chair: [Signature] Date: 3/4/2010

Associate Dean/Dean: [Signature] Date: 3/4/2010

Curriculum Chair: __________________________ Date: ________

Academic VP: __________________________ Date: ________