



BROWARD COLLEGE COURSE OUTLINE

LAST REVIEW: 2004-2005

(i.e. 2003-2004)

NEXT REVIEW: 2009-2010

(i.e. 2008-2009)

STATUS: A

(A, I, D)

COURSE TITLE: _Paramedic Curriculum Bridge

COMMON COURSE NUMBER: EMS 2850

CREDIT HOURS: 4

CONTACT HOUR BREAKDOWN

(per 16 week term)

CLOCK HOURS: 64

(Voc. Course ONLY)

Lecture: **64**

Lab: **0**

Clinic: **0** Other: **0**

PREREQUISITE(S): Successful completion of the 1985 U.S. Department of Transportation,(DOT), National Paramedic Curriculum. EMS 2254, EMS 2254L, EMS 2444, EMS 2454, EMS 2255, EMS 2255L, EMS 2455, EMS 2455, and EMS 2458.

COREQUISITE(S):

PRE/COREQUISITE(S):

COURSE DESCRIPTION This course provides a bridge for the 1998 DOT Paramedic Curriculum. Topics include emergency care coverage for heart attack and stroke victims, enhanced 12 lead interpretation, use of thrombolytics, and inclusion/exclusion criteria for thrombolytic therapy. In addition, this course includes a number of sections not covered or briefly covered in the 1985 DOT National Paramedic Curriculum. These specific topics include the well being of the paramedic, injury prevention, therapeutic communications, life-span development, general principles of pathophysiology, clinical decision making, hematology, abuse and neglect, patients with special challenges, acute interventions for the home health-care, assessment based management, and crime scene awareness. Material includes 1998 U.S. Department of Transportation, (DOT), National Paramedic Curriculum objectives for Module 1, Units 2,3,6,9, and 10, Module 3, Unit 4, Module 5, Units 2 and 9, Module 6, Units 4, 5, and 6, Module 7, and Module 8, Unit 5. Prerequisites EMS 2254, EMS 2254L, EMS 2444, EMS 2454, EMS 2255, EMS 2255L, EMS 2455, EMS 2455, and EMS 2458.

UNIT TITLES

- 1. Cardiology**
- 2. The Well Being of the Paramedic**
- 3. Injury Prevention**
- 4. Therapeutic Communications**
- 5. Life Span Development**
- 6. General Principles of Pathophysiology**
- 7. Clinical Decision Making**
- 8. Hematology**
- 9. Abuse and Neglect**
- 10. Patients with Special Challenges**
- 11. Acute Interventions for the Home Health-Care**
- 12. Assessment Based Management**
- 13. Crime Scene Awareness**

Unit Terminal Objectives, Cognitive Objectives, and Affective Objectives

CARDIOLOGY

UNIT TERMINAL OBJECTIVE

5-2 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with cardiovascular disease.

COGNITIVE OBJECTIVES

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

- 5-2.30 Explain the purpose of ECG monitoring. (C-1)
- 5-2.31 Describe how ECG wave forms are produced. (C-2)
- 5-2.32 Correlate the electrophysiological and hemodynamic events occurring throughout the entire cardiac cycle with the various ECG wave forms, segments and intervals. (C-2)
- 5-2.33 Identify how heart rates, durations, and amplitudes may be determined from ECG recordings. (C-3)
- 5-2.34 Relate the cardiac surfaces or areas represented by the ECG leads. (C-2)
- 5-2.55 Identify the clinical indications for transcutaneous and permanent artificial cardiac pacing. (C-1)
- 5-2.56 Describe the components and the functions of a transcutaneous pacing system. (C-1)
- 5-2.57 Explain what each setting and indicator on a transcutaneous pacing system represents and how the settings may be adjusted. (C-2)
- 5-2.58 Describe the techniques of applying a transcutaneous pacing system. (C-1)

- 5-2.59 Describe the characteristics of an implanted pacemaking system. (C-1)
- 5-2.60 Describe artifacts that may cause confusion when evaluating the ECG of a patient with a pacemaker. (C- 2)
- 5-2.61 List the possible complications of pacing. (C-3)
- 5-2.62 List the causes and implications of pacemaker failure. (C-2)
- 5-2.63 Identify additional hazards that interfere with artificial pacemaker function. (C-1)
- 5-2.64 Recognize the complications of artificial pacemakers as evidenced on ECG. (C-2)
- 5-2.65 Describe the epidemiology, morbidity and mortality, and pathophysiology of angina pectoris. (C-1)
- 5-2.66 List and describe the assessment parameters to be evaluated in a patient with angina pectoris. (C-1)
- 5-2.67 Identify what is meant by the OPQRST of chest pain assessment. (C-3)
- 5-2.68 List other clinical conditions that may mimic signs and symptoms of coronary artery disease and angina pectoris. (C-1)
- 5-2.69 Identify the ECG findings in patients with angina pectoris. (C-3)
- 5-2.70 Identify the paramedic responsibilities associated with management of the patient with angina pectoris. (C-2)
- 5-2.71 Based on the pathophysiology and clinical evaluation of the patient with chest pain, list the anticipated clinical problems according to their life-threatening potential. (C-3)
- 5-2.72 Describe the epidemiology, morbidity and mortality of myocardial infarction. (C-1)
- 5-2.73 List the mechanisms by which an MI may be produced by traumatic and non-traumatic events. (C-2)
- 5-2.74 Identify the primary hemodynamic changes produced in myocardial infarction. (C-1)
- 5-2.75 List and describe the assessment parameters to be evaluated in a patient with a suspected myocardial infarction. (C-1)
- 5-2.76 Identify the anticipated clinical presentation of a patient with a suspected acute myocardial infarction. (C-3)
- 5-2.77 Differentiate the characteristics of the pain / discomfort occurring in angina pectoris and acute myocardial infarction. (C-2)
- 5-2.78 Identify the ECG changes characteristically seen during evolution of an acute myocardial infarction. (C-2)
- 5-2.79 Identify the most common complications of an acute myocardial infarction. (C-3)
- 5-2.80 List the characteristics of a patient eligible for thrombolytic therapy. (C-2)
- 5-2.81 Describe the "window of opportunity" as it pertains to reperfusion of a myocardial injury or infarction. (C-3)
- 5-2.82 Based on the pathophysiology and clinical evaluation of the patient with a suspected acute myocardial infarction, list the anticipated clinical problems according to their life-threatening potential. (C-3)
- 5-2.83 Specify the measures that may be taken to prevent or minimize complications in the patient suspected of myocardial infarction. (C-3)
- 5-2.84 Describe the most commonly used cardiac drugs in terms of therapeutic effect and dosages, routes of administration, side effects and toxic effects. (C-3)
- 5-2.85 Describe the epidemiology, morbidity and mortality of heart failure. (C-1)
- 5-2.86 Define the principle causes and terminology associated with heart failure. (C-1)
- 5-2.87 Identify the factors that may precipitate or aggravate heart failure. (C-3)
- 5-2.88 Describe the physiological effects of heart failure. (C-2)

- 5-2.89 Define the term "acute pulmonary edema" and describe its relationship to left ventricular failure. (C-3)
- 5-2.90 Define preload, afterload and left ventricular end-diastolic pressure and relate each to the pathophysiology of heart failure. (C-3)
- 5-2.91 Differentiate between early and late signs and symptoms of left ventricular failure and those of right ventricular failure. (C-3)
- 5-2.92 Explain the clinical significance of paroxysmal nocturnal dyspnea. (C-1)
- 5-2.93 Explain the clinical significance of edema of the extremities and sacrum. (C-1)
- 5-2.94 List the interventions prescribed for the patient in acute congestive heart failure. (C-2)
- 5-2.95 Describe the most commonly used pharmacological agents in the management of congestive heart failure in terms of therapeutic effect, dosages, routes of administration, side effects and toxic effects. (C-1)
- 5-2.96 Define the term "cardiac tamponade". (C-1)
- 5-2.97 List the mechanisms by which cardiac tamponade may be produced by traumatic and non-traumatic events. (C-2)
- 5-2.98 Identify the limiting factor of pericardial anatomy that determines intrapericardiac pressure. (C-1)
- 5-2.99 Identify the clinical criteria specific to cardiac tamponade. (C-2)
- 5-2.100 Describe how to determine if pulsus paradoxus, pulsus alternans or electrical alternans is present. (C-2)
- 5-2.101 Identify the paramedic responsibilities associated with management of a patient with cardiac tamponade. (C-2)
- 5-2.102 Describe the incidence, morbidity and mortality of hypertensive emergencies. (C-1)
- 5-2.103 Define the term "hypertensive emergency". (C-1)
- 5-2.104 Identify the characteristics of the patient population at risk for developing a hypertensive emergency. (C-1)
- 5-2.105 Explain the essential pathophysiological defect of hypertension in terms of Starling's law of the heart. (C-3)
- 5-2.106 Identify the progressive vascular changes associate with sustained hypertension. (C-1)
- 5-2.107 Describe the clinical features of the patient in a hypertensive emergency. (C-3)
- 5-2.108 Rank the clinical problems of patients in hypertensive emergencies according to their sense of urgency. (C-3)
- 5-2.109 From the priority of clinical problems identified, state the management responsibilities for the patient with a hypertensive emergency. (C-2)
- 5-2.110 Identify the drugs of choice for hypertensive emergencies, rationale for use, clinical precautions and disadvantages of selected antihypertensive agents. (C-3)
- 5-2.111 Correlate abnormal findings with clinical interpretation of the patient with a hypertensive emergency. (C-3)
- 5-2.112 Define the term "cardiogenic shock". (C-1)
- 5-2.113 Describe the major systemic effects of reduced tissue perfusion caused by cardiogenic shock. (C-3)
- 5-2.114 Explain the primary mechanisms by which the heart may compensate for a diminished cardiac output and describe their efficiency in cardiogenic shock. (C-3)
- 5-2.115 Differentiate progressive stages of cardiogenic shock. (C-3)
- 5-2.116 Identify the clinical criteria for cardiogenic shock. (C-1)
- 5-2.117 Describe the characteristics of patients most likely to develop cardiogenic shock. (C-3)

- 5-2.118 Describe the most commonly used pharmacological agents in the management of cardiogenic shock in terms of therapeutic effects, dosages, routes of administration, side effects and toxic effects. (C-2)
- 5-2.119 Correlate abnormal findings with clinical assessment of the patient in cardiogenic shock. (C-3)
- 5-2.120 Identify the paramedic responsibilities associated with management of a patient in cardiogenic shock. (C-2)
- 5-2.121 Define the term "cardiac arrest". (C-1)
- 5-2.122 Identify the characteristics of patient population at risk for developing cardiac arrest from cardiac causes. (C-1)
- 5-2.123 Identify non-cardiac causes of cardiac arrest. (C-1)
- 5-2.124 Describe the arrhythmias seen in cardiac arrest. (C-3)
- 5-2.125 Identify the critical actions necessary in caring for the patient with cardiac arrest. (C-3)
- 5-2.126 Explain how to confirm asystole using the 3-lead ECG. (C-1)
- 5-2.127 Define the terms defibrillation and synchronized cardioversion. (C-1)
- 5-2.128 Specify the methods of supporting the patient with a suspected ineffective implanted defibrillation device. (C-2)
- 5-2.129 Describe the most commonly used pharmacological agents in the managements of cardiac arrest in terms of therapeutic effects. (C-3)
- 5-2.130 Identify resuscitation. (C-1)
- 5-2.131 Identify circumstances and situations where resuscitation efforts would not be initiated. (C-1)
- 5-2.132 Identify and list the inclusion and exclusion criteria for termination of resuscitation efforts. (C-1)
- 5-2.133 Identify communication and documentation protocols with medical direction and law enforcement used for termination of resuscitation efforts. (C-1)
- 5-2.134 Describe the incidence, morbidity and mortality of vascular disorders. (C-1)
- 5-2.135 Describe the pathophysiology of vascular disorders. (C-1)
- 5-2.136 List the traumatic and non-traumatic causes of vascular disorders. (C-1)
- 5-2.137 Define the terms "aneurysm", "claudication" and "phlebitis". (C-1)
- 5-2.138 Identify the peripheral arteries most commonly affected by occlusive disease. (C-1)
- 5-2.139 Identify the major factors involved in the pathophysiology of aortic aneurysm. (C-1)
- 5-2.140 Recognize the usual order of signs and symptoms that develop following peripheral artery occlusion. (C-3)
- 5-2.141 Identify the clinical significance of claudication and presence of arterial bruits in a patient with peripheral vascular disorders. (C-3)
- 5-2.142 Describe the clinical significance of unequal arterial blood pressure readings in the arms. (C-3)
- 5-2.143 Recognize and describe the signs and symptoms of dissecting thoracic or abdominal aneurysm. (C-3)
- 5-2.144 Describe the significant elements of the patient history in a patient with vascular disease. (C-2)
- 5-2.145 Identify the hemodynamic effects of vascular disorders. (C-1)
- 5-2.146 Identify the complications of vascular disorders. (C-1)
- 5-2.147 Identify the Paramedic's responsibilities associated with management of patients with vascular disorders. (C-2)

- 5-2.148 Develop, execute and evaluate a treatment plan based on the field impression for the patient with vascular disorders. (C-3)
- 5-2.149 Differentiate between signs and symptoms of cardiac tamponade, hypertensive emergencies, cardiogenic shock, and cardiac arrest. (C-3)
- 5-2.150 Based on the pathophysiology and clinical evaluation of the patient with chest pain, characterize the clinical problems according to their life-threatening potential. (C-3)
- 5-2.151 Apply knowledge of the epidemiology of cardiovascular disease to develop prevention strategies. (C-3)
- 5-2.152 Integrate pathophysiological principles into the assessment of a patient with cardiovascular disease. (C-3)
- 5-2.153 Apply knowledge of the epidemiology of cardiovascular disease to develop prevention strategies. (C-3)
- 5-2.154 Integrate pathophysiological principles into the assessment of a patient with cardiovascular disease. (C-3)
- 5-2.155 Synthesize patient history, assessment findings and ECG analysis to form a field impression for the patient with cardiovascular disease. (C-3)
- 5-2.156 Integrate pathophysiological principles to the assessment of a patient in need of a pacemaker. (C-1)
- 5-2.157 Synthesize patient history, assessment findings and ECG analysis to form a field impression for the patient in need of a pacemaker. (C-3)
- 5-2.158 Develop, execute, and evaluate a treatment plan based on field impression for the patient in need of a pacemaker. (C-3)
- 5-2.159 Based on the pathophysiology and clinical evaluation of the patient with chest pain, characterize the clinical problems according to their life-threatening potential. (C-3)
- 5-2.160 Integrate pathophysiological principles to the assessment of a patient with chest pain. (C-3)
- 5-2.161 Synthesize patient history, assessment findings and ECG analysis to form a field impression for the patient with angina pectoris. (C-3)
- 5-2.162 Develop, execute and evaluate a treatment plan based on the field impression for the patient with chest pain. (C-3)
- 5-2.163 Integrate pathophysiological principles to the assessment of a patient with a suspected myocardial infarction. (C-3)
- 5-2.164 Synthesize patient history, assessment findings and ECG analysis to form a field impression for the patient with a suspected myocardial infarction. (C-3)
- 5-2.165 Develop, execute and evaluate a treatment plan based on the field impression for the suspected myocardial infarction patient. (C-3)
- 5-2.166 Integrate pathophysiological principles to the assessment of the patient with heart failure. (C-3)
- 5-2.167 Synthesize assessment findings and patient history information to form a field impression of the patient with heart failure. (C-3)
- 5-2.168 Develop, execute, and evaluate a treatment plan based on the field impression for the heart failure patient. (C-3)
- 5-2.169 Integrate pathophysiological principles to the assessment of a patient with cardiac tamponade. (C-3)
- 5-2.170 Synthesize assessment findings and patient history information to form a field impression of the patient with cardiac tamponade. (C-3)

- 5-2.171 Develop, execute and evaluate a treatment plan based on the field impression for the patient with cardiac tamponade. (C-3)
- 5-2.172 Integrate pathophysiological principles to the assessment of the patient with a hypertensive emergency. (C-3)
- 5-2.173 Synthesize assessment findings and patient history information to form a field impression of the patient with a hypertensive emergency. (C-3)
- 5-2.174 Develop, execute and evaluate a treatment plan based on the field impression for the patient with a hypertensive emergency. (C-3)
- 5-2.175 Integrate pathophysiological principles to the assessment of the patient with cardiogenic shock. (C-3)
- 5-2.176 Synthesize assessment findings and patient history information to form a field impression of the patient with cardiogenic shock. (C-3)
- 5-2.177 Develop, execute, and evaluate a treatment plan based on the field impression for the patient with cardiogenic shock. (C-3)
- 5-2.178 Integrate the pathophysiological principles to the assessment of the patient with cardiac arrest. (C-3)
- 5-2.179 Synthesize assessment findings to formulate a rapid intervention for a patient in cardiac arrest. (C-3)
- 5-2.180 Synthesize assessment findings to formulate the termination of resuscitative efforts for a patient in cardiac arrest. (C-3)
- 5-2.181 Integrate pathophysiological principles to the assessment of a patient with vascular disorders. (C-3)
- 5-2.182 Synthesize assessment findings and patient history to form a field impression for the patient with vascular disorders. (C-3)
- 5-2.183 Integrate pathophysiological principles to the assessment and field management of a patient with chest pain. (C-3)

AFFECTIVE OBJECTIVES

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

- 5-2.184 Value the sense of urgency for initial assessment and intervention in the patient with cardiac compromise. (A-3)
- 5-2.185 Value and defend the sense of urgency necessary to protect the window of opportunity for reperfusion in the patient with suspected myocardial infarction. (A-3)
- 5-2.186 Defend patient situations where ECG rhythm analysis is indicated. (A-3)
- 5-2.187 Value and defend the application of transcutaneous pacing system. (A-3)
- 5-2.188 Value and defend the urgency in identifying pacemaker malfunction. (A-3)
- 5-2.189 Based on the pathophysiology and clinical evaluation of the patient with acute myocardial infarction, characterize the clinical problems according to their life-threatening potential. (A-3)
- 5-2.190 Defend the measures that may be taken to prevent or minimize complications in the patient with a suspected myocardial infarction. (A-3)
- 5-2.191 Defend the urgency based on the severity of the patient's clinical problems in a hypertensive emergency. (A-3)
- 5-2.192 From the priority of clinical problems identified, state the management responsibilities for the patient with a hypertensive emergency. (A-3)

- 5-2.193 Value and defend the urgency in rapid determination of and rapid intervention of patients in cardiac arrest. (A-3)
- 5-2.194 Value and defend the possibility of termination of resuscitative efforts in the out-of-hospital setting. (A-3)
- 5-2.195 Based on the pathophysiology and clinical evaluation of the patient with vascular disorders, characterize the clinical problems according to their life-threatening potential. (A-3)
- 5-2.196 Value and defend the sense of urgency in identifying peripheral vascular occlusion. (A-3)
- 5-2.197 Value and defend the sense of urgency in recognizing signs of aortic aneurysm. (A-3)

THE WELL-BEING OF THE PARAMEDIC

UNIT TERMINAL OBJECTIVE

- 1-2 At the completion of this unit, the paramedic student will understand and value the importance of personal wellness in EMS and serve as a healthy role model for peers.

COGNITIVE OBJECTIVES

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

- 1-2.1 Discuss the concept of wellness and its benefits. (C-1)
- 1-2.2 Define the components of wellness. (C-1)
- 1-2.3 Describe the role of the paramedic in promoting wellness. (C-1)
- 1-2.4 Discuss the components of wellness associated with proper nutrition. (C-1)
- 1-2.5 List principles of weight control. (C-1)
- 1-2.6 Discuss how cardiovascular endurance, muscle strength, and flexibility contribute to physical fitness. (C-2)
- 1-2.7 Describe the impact of shift work on circadian rhythms. (C-1)
- 1-2.8 Discuss how periodic risk assessments and knowledge of warning signs contribute to cancer and cardiovascular disease prevention. (C-1)
- 1-2.9 Differentiate proper from improper body mechanics for lifting and moving patients in emergency and non-emergency situations. (C-3)
- 1-2.10 Describe the problems that a paramedic might encounter in a hostile situation and the techniques used to manage the situation. (C-1)
- 1-2.11 Given a scenario involving arrival at the scene of a motor vehicle collision, assess the safety of the scene and propose ways to make the scene safer. (C-3)
- 1-2.12 List factors that contribute to safe vehicle operations. (C-1)
- 1-2.13 Describe the considerations that should be given to: (C-1)
 - a. Using escorts
 - b. Adverse environmental conditions
 - c. Using lights and siren
 - d. Proceeding through intersections
 - e. Parking at an emergency scene
- 1-2.14 Discuss the concept of "due regard for the safety of all others" while operating an emergency vehicle. (C-1)

- 1-2.15 Describe the equipment available for self-protection when confronted with a variety of adverse situations. (C-1)
- 1-2.16 Describe the benefits and methods of smoking cessation. (C-1)
- 1-2.17 Describe the three phases of the stress response. (C-1)
- 1-2.18 List factors that trigger the stress response. (C-1)
- 1-2.19 Differentiate between normal / healthy and detrimental reactions to anxiety and stress. (C-3)
- 1-2.20 Describe the common physiological and psychological effects of stress. (C-1)
- 1-2.21 Identify causes of stress in EMS. (C-1)
- 1-2.22 Describe behavior that is a manifestation of stress in patients and those close to them and how these relate to paramedic stress. (C-1)
- 1-2.23 Identify and describe the defense mechanisms and management techniques commonly used to deal with stress. (C-1)
- 1-2.24 Describe the components of critical incident stress management (CISM). (C-1)
- 1-2.25 Provide examples of situations in which CISM would likely be beneficial to paramedics. (C-1)
- 1-2.26 Given a scenario involving a stressful situation, formulate a strategy to help cope with the stress. (C-3)
- 1-2.27 Describe the stages of the grieving process (Kubler-Ross). (C-1)
- 1-2.28 Describe the needs of the paramedic when dealing with death and dying. (C-1)
- 1-2.29 Describe the unique challenges for paramedics in dealing with the needs of children and other special populations related to their understanding or experience of death and dying. (C-1)
- 1-2.30 Discuss the importance of universal precautions and body substance isolation practices. (C-1)
- 1-2.31 Describe the steps to take for personal protection from airborne and bloodborne pathogens. (C-1)
- 1-2.32 Given a scenario in which equipment and supplies have been exposed to body substances, plan for the proper cleaning, disinfection, and disposal of the items. (C-3)
- 1-2.33 Explain what is meant by an exposure and describe principles for management. (C-1)

AFFECTIVE OBJECTIVES

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

- 1-2.34 Advocate the benefits of working toward the goal of total personal wellness. (A-2)
- 1-2.35 Serve as a role model for other EMS providers in regard to a total wellness lifestyle. (A-3)
- 1-2.36 Value the need to assess his / her own lifestyle. (A-2)
- 1-2.37 Challenge his / herself to each wellness concept in his / her role as a paramedic. (A-3)
- 1-2.38 Defend the need to treat each patient as an individual, with respect and dignity. (A-2)
- 1-2.39 Assess his / her own prejudices related to the various aspects of cultural diversity. (A-3)
- 1-2.40 Improve personal physical well-being through achieving and maintaining proper body weight, regular exercise and proper nutrition. (A-3)
- 1-2.41 Promote and practice stress management techniques. (A-3)
- 1-2.42 Defend the need to respect the emotional needs of dying patients and their families. (A-3)
- 1-2.43 Advocate and practice the use of personal safety precautions in all scene situations. (A-3)

1-2.44 Advocate and serve as a role model for other EMS providers relative to body substance isolation practices. (A-3)

ILLNESS AND INJURY PREVENTION

UNIT TERMINAL OBJECTIVE

1-3 At the completion of this unit, the paramedic student will be able to integrate the implementation of primary injury prevention activities as an effective way to reduce death, disabilities and health care costs.

COGNITIVE OBJECTIVES

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

- 1.3-1 Describe the incidence, morbidity and mortality of unintentional and alleged unintentional events. (C-1)
- 1.3-2 Identify the human, environmental, and socioeconomic impact of unintentional and alleged unintentional events. (C-1)
- 1.3-3 Identify health hazards and potential crime areas within the community. (C-1)
- 1.3-4 Identify local municipal and community resources available for physical, socioeconomic crises. (C-1)
- 1.3-5 List the general and specific environmental parameters that should be inspected to assess a patient's need for preventative information and direction. (C-1)
- 1.3-6 Identify the role of EMS in local municipal and community prevention programs. (C-1)
- 1.3-7 Identify the local prevention programs that promote safety for all age populations. (C-2)
- 1.3-8 Identify patient situations where the paramedic can intervene in a preventative manner. (C-1)
- 1.3-9 Document primary and secondary injury prevention data. (C-1)

AFFECTIVE OBJECTIVES

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

- 1.3-10 Value and defend tenets of prevention in terms of personal safety and wellness. (A-3)
- 1.3-11 Value and defend tenets of prevention for patients and communities being served. (A-3)
- 1.3-12 Value the contribution of effective documentation as one justification for funding of prevention programs. (A-3)
- 1.3-13 Value personal commitment to success of prevention programs. (A-3)

THERAPEUTIC COMMUNICATIONS

UNIT TERMINAL OBJECTIVE

1-9 At the completion of this unit, the paramedic student will be able to integrate the principles of therapeutic communication to effectively communicate with any patient while providing care.

COGNITIVE OBJECTIVES

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

- 1-9.1 Define communication. (C-1)
- 1-9.2 Identify internal and external factors that affect a patient / bystander interview conducted by a paramedic. (C-1)
- 1-9.3 Restate the strategies for developing patient rapport. (C-1)
- 1-9.4 Provide examples of open-ended and closed or direct questions. (C-1)
- 1-9.5 Discuss common errors made by paramedics when interviewing patients. (C-1)
- 1-9.6 Identify the nonverbal skills that are used in patient interviewing. (C-1)
- 1-9.7 Restate the strategies to obtain information from the patient. (C-1)
- 1-9.8 Summarize the methods to assess mental status based on interview techniques. (C-1)
- 1-9.9 Discuss the strategies for interviewing a patient who is unmotivated to talk. (C-1)
- 1-9.10 Differentiate the strategies a paramedic uses when interviewing a patient who is hostile compared to one who is cooperative. (C-3)
- 1-9.11 Summarize developmental considerations of various age groups that influence patient interviewing. (C-1)
- 1-9.12 Restate unique interviewing techniques necessary to employ with patients who have special needs. (C-1)
- 1-9.13 Discuss interviewing considerations used by paramedics in cross-cultural communications. (C-1)

AFFECTIVE OBJECTIVES

- 1-9.14 Serve as a model for an effective communication process. (A-3)
- 1-9.15 Advocate the importance of external factors of communication. (A-2)
- 1-9.16 Promote proper responses to patient communication. (A-2)
- 1-9.17 Exhibit professional non-verbal behaviors. (A-2)
- 1-9.18 Advocate development of proper patient rapport. (A-2)
- 1-9.19 Value strategies to obtain patient information. (A-2)
- 1-9.20 Exhibit professional behaviors in communicating with patients in special situations. (A-3)
- 1-9.21 Exhibit professional behaviors in communication with patient from different cultures. (A-3)

LIFE SPAN DEVELOPMENT

UNIT TERMINAL OBJECTIVE

1-10 At the completion of this unit, the paramedic student will be able to integrate the physiological, psychological, and sociological changes throughout human development with assessment and communication strategies for patients of all ages.

COGNITIVE OBJECTIVES

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

- 1-10.1 Compare the physiological and psychosocial characteristics of an infant with those of an early adult. (C-3)
- 1-10.2 Compare the physiological and psychosocial characteristics of a toddler with those of an early adult. (C-3)
- 1-10.3 Compare the physiological and psychosocial characteristics of a pre-school child with those of an early adult. (C-3)
- 1-10.4 Compare the physiological and psychosocial characteristics of a school-aged child with those of an early adult. (C-3)
- 1-10.5 Compare the physiological and psychosocial characteristics of an adolescent with those of an early adult. (C-3)
- 1-10.6 Summarize the physiological and psychosocial characteristics of an early adult. (C-3)
- 1-10.7 Compare the physiological and psychosocial characteristics of a middle aged adult with those of an early adult. (C-3)
- 1-10.8 Compare the physiological and psychosocial characteristics of a person in late adulthood with those of an early adult. (C-3)

AFFECTIVE OBJECTIVES

1-10.9 Value the uniqueness of infants, toddlers, pre-school, school aged, adolescent, early adulthood, middle aged, and late adulthood physiological and psychosocial characteristics. (A-3)

GENERAL PRINCIPLES OF PATHOPHYSIOLOGY

UNIT TERMINAL OBJECTIVE

1-6 At the completion of this unit, the paramedic student will be able to apply the general concepts of pathophysiology for the assessment and management of emergency patients.

COGNITIVE OBJECTIVES

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

- 1-6.1 Discuss cellular adaptation. (C-1)
- 1-6.2 Describe cellular injury and cellular death. (C-1)
- 1-6.3 Describe the factors that precipitate disease in the human body. (C-1)
- 1-6.4 Describe the cellular environment. (C-1)
- 1-6.5 Discuss analyzing disease risk. (C-1)
- 1-6.6 Describe environmental risk factors. (C-1)
- 1-6.7 Discuss combined effects and interaction among risk factors. (C-1)
- 1-6.8 Describe aging as a risk factor for disease. (C-1)
- 1-6.9 Discuss familial diseases and associated risk factors. (C-1)
- 1-6.10 Discuss hypoperfusion. (C-1)
- 1-6.11 Define cardiogenic, hypovolemic, neurogenic, anaphylactic and septic shock. (C-1)
- 1-6.12 Describe multiple organ dysfunction syndrome. (C-1)
- 1-6.13 Define the characteristics of the immune response. (C-1)
- 1-6.14 Discuss induction of the immune system. (C-1)
- 1-6.15 Discuss fetal and neonatal immune function. (C-1)
- 1-6.16 Discuss aging and the immune function in the elderly. (C-1)
- 1-6.17 Describe the inflammation response. (C-1)
- 1-6.18 Discuss the role of mast cells as part of the inflammation response. (C-1)
- 1-6.19 Describe the plasma protein system. (C-1)
- 1-6.20 Discuss the cellular components of inflammation. (C-1)
- 1-6.21 Describe the systemic manifestations of the inflammation response. (C-1)
- 1-6.22 Describe the resolution and repair from inflammation. (C-1)
- 1-6.23 Discuss the effect of aging on the mechanisms of self-defense. (C-1)
- 1-6.24 Discuss hypersensitivity. (C-1)
- 1-6.25 Describe deficiencies in immunity and inflammation. (C-1)
- 1-6.26 Describe homeostasis as a dynamic steady state. (C-1)
- 1-6.27 List types of tissue. (C-1)
- 1-6.28 Describe the systemic manifestations that result from cellular injury. (C-1)
- 1-6.29 Describe neuroendocrine regulation. (C-1)
- 1-6.30 Discuss the inter-relationships between stress, coping, and illness. (C-1)

AFFECTIVE OBJECTIVES

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

- 1-6.31 Advocate the need to understand and apply the knowledge of pathophysiology to patient assessment and treatment. (A-2)

CLINICAL DECISION MAKING

UNIT TERMINAL OBJECTIVE

- 3-4 At the end of this unit, the paramedic student will be able to apply a process of clinical decision making to use the assessment findings to help form a field impression.

COGNITIVE OBJECTIVES

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

- 3-4.1 Compare the factors influencing medical care in the out-of-hospital environment to other medical settings. (C-2)
- 3-4.2 Differentiate between critical life-threatening, potentially life-threatening, and non life-threatening patient presentations. (C-3)
- 3-4.3 Evaluate the benefits and shortfalls of protocols, standing orders and patient care algorithms. (C-3)
- 3-4.4 Define the components, stages and sequences of the critical thinking process for paramedics. (C-1)
- 3-4.5 Apply the fundamental elements of critical thinking for paramedics. (C-2)
- 3-4.6 Describe the effects of the “fight or flight” response and the positive and negative effects on a paramedic’s decision making. (C-1)
- 3-4.7 Summarize the “six Rs” of putting it all together: Read the patient, Read the scene, React, Reevaluate, Revise the management plan, Review performance. (C-1)

AFFECTIVE OBJECTIVES

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

- 3-4.8 Defend the position that clinical decision making is the cornerstone of effective paramedic practice. (A-3)
- 3-4.9 Practice facilitating behaviors when thinking under pressure. (A-1)

HEMATOLOGY

UNIT TERMINAL OBJECTIVE

- 5-9 At the completion of this unit, the paramedic student will be able to integrate the pathophysiological principles of the hematopoietic system to formulate a field impression and implement a treatment plan.

COGNITIVE OBJECTIVES

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

- 5-9.1 Identify the anatomy of the hematopoietic system. (C-1)
- 5-9.2 Describe volume and volume-control related to the hematopoietic system. (C-1)
- 5-9.3 Identify and describe the blood-forming organs. (C-1)
- 5-9.4 Describe normal red blood cell (RBC) production, function and destruction. (C-1)
- 5-9.5 Explain the significance of the hematocrit with respect to red cell size and number. (C-1)
- 5-9.6 Explain the correlation of the RBC count, hematocrit and hemoglobin values. (C-1)
- 5-9.7 Define anemia. (C-1)
- 5-9.8 Describe normal white blood cell (WBC) production, function and destruction. (C-1)
- 5-9.9 Identify the characteristics of the inflammatory process. (C-1)
- 5-9.10 Identify the difference between cellular and humoral immunity. (C-1)
- 5-9.11 Identify alterations in immunologic response. (C-1)
- 5-9.12 Describe the number, normal function, types and life span of leukocytes. (C-1)
- 5-9.13 List the leukocyte disorders. (C-1)
- 5-9.14 Describe platelets with respect to normal function, life span and numbers. (C-1)
- 5-9.15 Describe the components of the hemostatic mechanism. (C-1)

- 5-9.16 Describe the function of coagulation factors, platelets and blood vessels necessary for normal coagulation. (C-1)
- 5-9.17 Describe the intrinsic and extrinsic clotting systems with respect to identification of factor deficiencies in each stage. (C-3)
- 5-9.18 Identify blood groups. (C-1)
- 5-9.19 Describe how acquired factor deficiencies may occur. (C-3)
- 5-9.20 Define fibrinolysis. (C-1)
- 5-9.21 Identify the components of physical assessment as they relate to the hematologic system. (C-1)
- 5-9.22 Describe the pathology and clinical manifestations and prognosis associated with: (C-3)
1. Anemia
 2. Leukemia
 3. Lymphomas
 4. Polycythemia
 5. Disseminated intravascular coagulopathy
 6. Hemophilia
 7. Sickle cell disease
 8. Multiple myeloma
- 5-9.23 Integrate pathophysiological principles into the assessment of a patient with hematologic disease. (C-3)

AFFECTIVE OBJECTIVES

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

- 5-9.24 Value the sense of urgency for initial assessment and interventions for patients with hematologic crises.

ABUSE AND NEGLECT

UNIT TERMINAL OBJECTIVE

- 6-4 At the completion of this unit, the paramedic student will be able to integrate the assessment findings to formulate a field impression and implement a treatment plan for the patient who has sustained abuse or assault.

COGNITIVE OBJECTIVES

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

- 6-4.1 Discuss the incidence of abuse and assault. (C-1)
- 6-4.2 Describe the categories of abuse. (C-1)
- 6-4.3 Discuss examples of spouse abuse. (C-1)
- 6-4.4 Discuss examples of elder abuse. (C-1)
- 6-4.5 Discuss examples of child abuse. (C-1)
- 6-4.6 Discuss examples of sexual assault. (C-1)
- 6-4.7 Describe the characteristics associated with the profile of the typical abuser of a spouse. (C-1)

- 6-4.8 Describe the characteristics associated with the profile of the typical abuser of the elder. (C-1)
- 6-4.9 Describe the characteristics associated with the profile of the typical abuser of children. (C-1)
- 6-4.10 Describe the characteristics associated with the profile of the typical assailant of sexual assault. (C-1)
- 6-4.11 Identify the profile of the "at-risk" spouse. (C-1)
- 6-4.12 Identify the profile of the "at-risk" elder. (C-1)
- 6-4.13 Identify the profile of the "at-risk" child. (C-1)
- 6-4.14 Discuss the assessment and management of the abused patient. (C-1)
- 6-4.15 Discuss the legal aspects associated with abuse situations. (C-1)
- 6-4.16 Identify community resources that are able to assist victims of abuse and assault. (C-1)
- 6-4.17 Discuss the documentation associated with abused and assaulted patient. (C-1)

AFFECTIVE OBJECTIVES

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

- 6-4.18 Demonstrate sensitivity to the abused patient. (A-1)
- 6-4.19 Value the behavior of the abused patient. (A-2)
- 6-4.20 Attend to the emotional state of the abused patient. (A-1)
- 6-4.21 Recognize the value of non-verbal communication with the abused patient. (A-1)
- 6-4.22 Attend to the needs for reassurance, empathy and compassion with the abused patient. (A-1)
- 6-4.23 Listen to the concerns expressed by the abused patient. (A-1)
- 6-4.24 Listen and value the concerns expressed by the sexually assaulted patient. (A-2)

PATIENTS WITH SPECIAL CHALLENGES

UNIT TERMINAL OBJECTIVE

- 6-5 At the completion of this unit the paramedic student will be able to integrate pathophysiological and psychosocial principles to adapt the assessment and treatment plan for diverse patients and those who face physical, mental, social and financial challenges.

COGNITIVE OBJECTIVES

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

- 6-5.1 Describe the various etiologies and types of hearing impairments. (C-1)
- 6-5.2 Recognize the patient with a hearing impairment. (C-1)
- 6-5.3 Anticipate accommodations that may be needed in order to properly manage the patient with a hearing impairment. (C-3)
- 6-5.4 Describe the various etiologies of visual impairments. (C-1)

- 6-5.5 Recognize the patient with a visual impairment. (C-1)
- 6-5.6 Anticipate accommodations that may be needed in order to properly manage the patient with a visual impairment. (C-3)
- 6-5.7 Describe the various etiologies and types of speech impairments. (C-1)
- 6-5.8 Recognize the patient with a speech impairment. (C-1)
- 6-5.9 Anticipate accommodations that may be needed in order to properly manage the patient with a speech impairment. (C-3)
- 6-5.10 Describe the various etiologies of obesity. (C-1)
- 6-5.11 Anticipate accommodations that may be needed in order to properly manage the patient with obesity. (C-3)
- 6-5.12 Describe paraplegia / quadriplegia. (C-1)
- 6-5.13 Anticipate accommodations that may be needed in order to properly manage the patient with paraplegia / quadriplegia. (C-3)
- 6-5.14 Define mental illness. (C-1)
- 6-5.15 Describe the various etiologies of mental illness. (C-1)
- 6-5.16 Recognize the presenting signs of the various mental illnesses. (C-1)
- 6-5.17 Anticipate accommodations that may be needed in order to properly manage the patient with a mental illness. (C-3)
- 6-5.18 Define the term developmentally disabled. (C-1)
- 6-5.19 Recognize the patient with a developmental disability. (C-1)
- 6-5.20 Anticipate accommodations that may be needed in order to properly manage the patient with a developmental disability. (C-3)
- 6-5.21 Describe Down's syndrome. (C-1)
- 6-5.22 Recognize the patient with Down's syndrome. (C-1)
- 6-5.23 Anticipate accommodations that may be needed in order to properly manage the patient with Down's syndrome. (C-3)
- 6-5.24 Describe the various etiologies of emotional impairment. (C-1)
- 6-5.25 Recognize the patient with an emotional impairment. (C-1)
- 6-5.26 Anticipate accommodations that may be needed in order to properly manage the patient with an emotional impairment. (C-3)
- 6-5.27 Define emotional/ mental impairment (EMI). (C-1)
- 6-5.28 Recognize the patient with an emotional or mental impairment. (C-1)
- 6-5.29 Anticipate accommodations that may be needed in order to properly manage patients with an emotional or mental impairment. (C-3)
- 6-5.30 Describe the following diseases / illnesses: (C-1)
 - a. Arthritis
 - b. Cancer
 - c. Cerebral palsy
 - d. Cystic fibrosis
 - e. Multiple sclerosis
 - f. Muscular dystrophy
 - g. Myasthenia gravis
 - h. Poliomyelitis
 - i. Spina bifida
 - j. Patients with a previous head injury
- 6-5.31 Identify the possible presenting sign(s) for the following diseases / illnesses: (C-1)
 - a. Arthritis

- b. Cancer
- c. Cerebral palsy
- d. Cystic fibrosis
- e. Multiple sclerosis
- f. Muscular dystrophy
- g. Myasthenia gravis
- h. Poliomyelitis
- i. Spina bifida
- j. Patients with a previous head injury

6-5.32 Anticipate accommodations that may be needed in order to properly manage the following patients: (C-3)

- a. Arthritis
- b. Cancer
- c. Cerebral palsy
- d. Cystic fibrosis
- e. Multiple sclerosis
- f. Muscular dystrophy
- g. Myasthenia gravis
- h. Poliomyelitis
- i. Spina bifida
- j. Patients with a previous head injury

6-5.33 Define cultural diversity. (C-1)

6-5.34 Recognize a patient who is culturally diverse. (C-1)

6-5.35 Anticipate accommodations that may be needed in order to properly manage a patient who is culturally diverse. (C-3)

6-5.36 Identify a patient that is terminally ill. (C-1)

6-5.37 Anticipate accommodations that may be needed in order to properly manage a patient who is terminally ill. (C-3)

6-5.38 Identify a patient with a communicable disease. (C-1)

6-5.39 Recognize the presenting signs of a patient with a communicable disease. (C-1)

6-5.40 Anticipate accommodations that may be needed in order to properly manage a patient with a communicable disease. (C-3)

6-5.41 Recognize sign(s) of financial impairments. (C-1)

6-5.42 Anticipate accommodations that may be needed in order to properly manage the patient with a financial impairment. (C-3)

AFFECTIVE OBJECTIVES

None identified for this unit.

ACUTE INTERVENTIONS FOR THE CHRONIC CARE PATIENT

UNIT TERMINAL OBJECTIVE

6-6 At the completion of this unit, the paramedic student will be able to integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the acute deterioration of a chronic care patient.

COGNITIVE OBJECTIVES

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

- 6-6.1 Compare and contrast the primary objectives of the ALS professional and the home care professional. (C-3)
- 6-6.2 Identify the importance of home health care medicine as related to the ALS level of care. (C-1)
- 6-6.3 Differentiate between the role of EMS provider and the role of the home care provider. (C-3)
- 6-6.4 Compare and contrast the primary objectives of acute care, home care and hospice care. (C-3)
- 6-6.5 Summarize the types of home health care available in your area and the services provided. (C-3)
- 6-6.6 Discuss the aspects of home care that result in enhanced quality of care for a given patient. (C-1)
- 6-6.7 Discuss the aspects of home care that have a potential to become a detriment to the quality of care for a given patient. (C-1)
- 6-6.8 List complications commonly seen in the home care patients, which result in their hospitalization. (C-1)
- 6-6.9 Compare the cost, mortality and quality of care for a given patient in the hospital versus the home care setting. (C-3)
- 6-6.10 Discuss the significance of palliative care programs as related to a patient in a home health care setting. (C-1)
- 6-6.11 Define hospice care, comfort care and DNR / DNAR as they relate to local practice, law and policy. (C-1)
- 6-6.12 List the stages of the grief process and relate them to an individual in hospice care. (C-1)
- 6-6.13 List pathologies and complications typical to home care patients. (C-1)
- 6-6.14 Given a home care scenario, predict complications requiring ALS intervention. (C-3)
- 6-6.15 Given a series of home care scenarios, determine which patients should receive follow-up home care and which should be transported to an emergency care facility. (C-3)
- 6-6.16 Describe airway maintenance devices typically found in the home care environment. (C-1)
- 6-6.17 Describe devices that provide or enhance alveolar ventilation in the home care setting. (C-1)
- 6-6.18 6-6.18 List modes of artificial ventilation and an out-of-hospital situation where each might be employed. (C-1)
- 6-6.19 List vascular access devices found in the home care setting. (C-1)
- 6-6.20 Recognize standard central venous access devices utilized in home health care. (C-1)
- 6-6.21 Describe the basic universal characteristics of central venous catheters. (C-1)
- 6-6.22 Describe the basic universal characteristics of implantable injection devices. (C-1)
- 6-6.23 List devices found in the home care setting that are used to empty, irrigate or deliver nutrition or medication to the GI / GU tract. (C-1)
- 6-6.24 Describe complications of assessing each of the airway, vascular access, and GI / GU devices described above. (C-1)
- 6-6.25 Given a series of scenarios, demonstrate the appropriate ALS interventions. (C-3)

- 6-6.26 Given a series of scenarios, demonstrate interaction and support with the family members/ support persons for a patient who has died. (C-3)
- 6-6.27 Describe common complications with central venous access and implantable drug administration ports in the out-of-hospital setting. (C-1)
- 6-6.28 Describe the indications and contraindications for urinary catheter insertion in an out-of-hospital setting. (C-1)
- 6-6.29 Identify the proper anatomy for placement of urinary catheters in males or females. (C-2)
- 6-6.30 Identify failure of GI / GU devices found in the home care setting. (C-2)
- 6-6.31 Identify failure of ventilatory devices found in the home care setting. (C-2)
- 6-6.32 Identify failure of vascular access devices found in the home care setting. (C-2)
- 6-6.33 Identify failure of drains. (C-2)
- 6-6.34 Differentiate between home care and acute care as preferable situations for a given patient scenario. (C-3)
- 6-6.35 Discuss the relationship between local home care treatment protocols/ SOPs and local EMS Protocols / SOPs. (C-3)
- 6-6.36 Discuss differences in individuals ability to accept and cope with their own impending death. (C-3)
- 6-6.37 Discuss the rights of the terminally ill. (C-1)

AFFECTIVE OBJECTIVES

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

- 6-6.38 Value the role of the home-care professional and understand their role in patient care along the life-span continuum. (A-2)
- 6-6.39 Value the patient's desire to remain in the home setting. (A-2)
- 6-6.40 Value the patient's desire to accept or deny hospice care. (A-2)
- 6-6.41 Value the uses of long term venous access in the home health setting, including but not limited to: (A-2)
 - a. Chemotherapy
 - b. Home pain management
 - c. Nutrition therapy
 - d. Congestive heart therapy
 - e. Antibiotic therapy

ASSESSMENT BASED MANAGEMENT

UNIT TERMINAL OBJECTIVE

- 7-1 At the completion of this unit, the paramedic student will be able to integrate the principles of assessment based management to perform an appropriate assessment and implement the management plan for patients with common complaints.

COGNITIVE OBJECTIVES

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

- 7-1.1 Explain how effective assessment is critical to clinical decision making. (C-1)
- 7-1.2 Explain how the paramedic's attitude affects assessment and decision making. (C-1)
- 7-1.3 Explain how uncooperative patients affect assessment and decision making. (C-1)
- 7-1.4 Explain strategies to prevent labeling and tunnel vision. (C-1)

- 7-1.5 Develop strategies to decrease environmental distractions. (C-1)
- 7-1.6 Describe how manpower considerations and staffing configurations affect assessment and decision making. (C-1)
- 7-1.7 Synthesize concepts of scene management and choreography to simulated emergency calls. (C-3)
- 7-1.8 Explain the roles of the team leader and the patient care person. (C-1)
- 7-1.9 List and explain the rationale for carrying the essential patient care items. (C-3)
- 7-1.10 When given a simulated call, list the appropriate equipment to be taken to the patient. (C-2)
- 7-1.11 Explain the general approach to the emergency patient. (C-1)
- 7-1.12 Explain the general approach, patient assessment, differentials, and management priorities for patients with the following problems: (C-3)
 - a. Chest pain
 - b. Medical and traumatic cardiac arrest
 - c. Acute abdominal pain
 - d. GI bleed
 - e. Altered mental status
 - f. Dyspnea
 - g. Syncope
 - h. Seizures
 - i. Environmental or thermal problem
 - j. Hazardous material or toxic exposure
 - k. Trauma or multi trauma patients
 - l. Allergic reactions
 - m. Behavioral problems
 - n. Obstetric or gynecological problems
 - o. Pediatric patients
- 7-1.13 Describe how to effectively communicate patient information face to face, over the telephone, by radio, and in writing. (C-1)

AFFECTIVE OBJECTIVES

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

- 7-1.14 Appreciate the use of scenarios to develop high level clinical decision making skills. (A-2)
- 7-1.15 Defend the importance of considering differentials in patient care. (A-3)
- 7-1.16 Advocate and practice the process of complete patient assessment on all patients. -3)
- 7-1.17 Value the importance of presenting the patient accurately and clearly. (A-2)

CRIME SCENE AWARENESS

UNIT TERMINAL OBJECTIVE

- 8-5 At the completion of this unit, the paramedic student will have an awareness of the human hazard of crime and violence and the safe operation at crime scenes and other emergencies.

COGNITIVE OBJECTIVES

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

- 8-5.1 Explain how EMS providers are often mistaken for the police. (C-1)
- 8-5.2 Explain specific techniques for risk reduction when approaching the following types of routine EMS scenes: (C-1)
 - a. Highway encounters
 - b. Violent street incidents
 - c. Residences and "dark houses"
- 8-5.3 Describe warning signs of potentially violent situations. (C-1)
- 8-5.4 Explain emergency evasive techniques for potentially violent situations, including: (C-1)
 - a. Threats of physical violence.
 - b. Firearms encounters
 - c. Edged weapon encounters
- 8-5.5 Explain EMS considerations for the following types of violent or potentially violent situations: (C-1)
 - a. Gangs and gang violence
 - b. Hostage / sniper situations
 - c. Clandestine drug labs
 - d. Domestic violence
 - e. Emotionally disturbed people
 - f. Hostage / sniper situations
- 8-5.6 Explain the following techniques: (C-1)
 - a. Field "contact and cover" procedures during assessment and care
 - b. Evasive tactics
 - c. Concealment techniques
- 8-5.7 Describe police evidence considerations and techniques to assist in evidence preservation. (C-1)

AFFECTIVE OBJECTIVES

None identified for this unit.