

NRPM 112: Special Considerations in Pre-Hospital Care Syllabus

[Semester and year]



Instructor information

Instructor	Email Address	Office hours
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General information

Description

This course discusses the healthcare implications of abuse, neglect, poverty, bariatrics, technology dependent, and the terminally ill. It also focuses on the aspects of age-related assessment and treatment modifications for the geriatric patient. Additionally, this lesson reviews the assessment findings and psychosocial needs to formulate a field impression and comprehensive treatment plan for patients with special healthcare challenges. *Pre-Requisite: NRPM 103*

Expectations and goals

Upon Successful completion of this course, students will be able to:

- Describe the normal and abnormal changes associated with aging.
- Explain the pharmacokinetic changes, psychosocial and economic aspects of aging and polypharmacy.
- Identify and discuss the age-related assessment and treatment modifications for the major or common geriatric diseases and/or emergencies.
- Describe the healthcare implications of poverty
- Explain the general approach, patient assessment differentials, and management priorities for bariatric or technology dependent patients with various types of emergencies that may be experienced in prehospital care
- Explain the general approach, patient assessment and management for those suffering neglect, abuse, or the terminally ill

Course Delivery Method: Hybrid

Course materials

Required materials

Computer with Internet capabilities to access:

- <https://canvas.instructure.com>

Optional materials

Required text

- Nancy Caroline's Emergency Care in the Streets; 8th edition, 2013 by Elling and Smith; Publisher Jones and Bartlett. ISBN: 978-1-284-13718-7

Course schedule (**Weeks correspond to semester schedule*)

Week	Topic	Pre-Class Assignment	Class Session	Reflective Assignment <i>(DUE: Friday after class session)</i>
PLEASE SEE TEAMUP CALENDAR FOR SCHEDULE DETAILS: https://teamup.com/ksn4622frxf4i122dy				

Procedures for Evaluation

- A. *Students must complete each NRPM course with a grade point average of at least 70%. Any student who does not have a 70% average at the completion of an NRPM course will not be allowed to continue in the program. The student's academic standing will be discussed with the student periodically throughout the program.
- B. If a student scores below a 70% on a NRPM Cumulative examination, the student will be required to retake the examination until a score of 70% is attained; however, the original score will stand as the recorded score.
- C. Individual skills that comprise a skill lab are mandatory per the National Registry of EMT's. A student must complete each skill with the minimum points required AND the established number of SUCCESSFUL attempts meeting those minimum point standards. A percentage grade will be issued to the student based on the points obtained per attempt, active participation in lab sessions and the accuracy of his/her platinum documentation.
- D. Late submission of platinum documentation will receive a 10-point deduction in grade for each class day in which it wasn't handed in.

***NOTE:** NRPM 202 is the exception to this policy. In this course, you must successfully complete each sub-specialty based on the criteria from each governing agency. The final grade issued for this course will be a "pass/fail." If the student is unable to receive a passing grade for this class, the student will NOT be allowed to continue in the Paramedic Program.

Grading Components and Weights:

The Paramedic Program Student's Classroom Assessment grade will be the sum of the weighted scores comprising the parameters of course work outlined below.

Didactic Courses	
80%	Coursework <ul style="list-style-type: none">• Homework/Special Projects - 5%• Quizzes - 5%• Case Studies/Objectives - 20%• Exams- 50%
20%	Monthly Behavioral Evaluations

Grading Scale:

100-90 = A 89-80 = B 79-70 = C 69-60 = D <59 = F

All students must maintain a C average in each course to continue throughout the program

Attendance Policy

All material is important to your success; therefore, students absent more than 5% of the course without a valid excuse will be dismissed from the program of study.

There are two types of absences recognized as a "valid excuse" by Princeton Rescue Squad's Education Department: (1) absence resulting from participation in an activity where you are officially representing the Education Department; and (2) absence caused by unforeseeable and unavoidable circumstance which is beyond your control. All other absences are considered willful and will not count as excused. It is your responsibility to provide your instructor with a proper explanation and documentation of these valid absences. It is the responsibility of the student to make up any work or testing missed. The missed (comparable) coursework and exams must be completed within 72 hours of the absence and prior to the last date of the class.

Online Video course Lectures associated with "Hybrid" classes are required to be completed by 10am on the morning of the deadline listed. These deadlines are typically due weekly and attendance will be taken based on your submission of these Lectures. If you fail to submit the Lecture when due, you will be marked absent for that week's hybrid class.

Tardiness will not be tolerated. Any student who shows up later than 15 minutes into the beginning of a course or leaving a class session 30 minutes or more before the end of the class day will result in the mark of tardy on his/her record. An accumulation of 5 tardies will result in an unexcused absence.

Students may withdraw from the course at any time. Any student that misses more than two (2) consecutive class sessions without contacting the course instructor will be considered to have withdrawn from the course.

Student Advisory and Evaluation

Faculty will routinely discuss student progress throughout the program of study at regular intervals (increments no longer than 25% of the program) to provide learners with adequate

chances to take corrective actions. During these mandatory meetings with a student item(s) or subject(s) of concern to discuss may include, but are not limited to:

Excessive absences and tardiness, failure to turn in assignments / clinical rotations on time, classroom / clinical behavior concerns, plagiarism, cheating, struggling or failure to maintain a GPA of 70%, etc.

A Student Advisory Form will be filled out and signed by both the Faculty member addressing the concern, and the student. Once the concern has been documented, the Program Instructor and student will discuss possible resolutions to the problem and a proposed action plan will be written on the Advisory Form. The student may use the Advisory Form to record a rebuttal against the initial concern or proposed action plan. The instructor will then mark the form “unresolved” and forward it to the Education Director who investigate the matter and make a determination on a second Advisory Form. Copies of these completed Advisory Forms are available to the student; however, originals must and will be retained by the Education Program.

Standards of Conduct Regarding Cell Phone Use

As adults, you are permitted to retain your cellular devices unless during testing. At that time, all cell phones must be placed in a bag away from your testing area or given to your instructor until the testing is complete. It is common during lecture for students to utilize their cell phones to look up information regarding topics discussed in the class session, and this practice is permitted. However, if the instructor or other member of the instructional or administrative staff see that cell phones are being used for other purposes (ie: facebook, messenger, etc.) during lecture, lab, or any other designated course activity then the following discipline policy will take place:

- First offense - verbal warning
- Second offense - written warning
- Third offense - dismissal from the program

Academic Dishonesty

As a student and pre-hospital professional, you are expected to adhere to a professional code of conduct and not engage in plagiarism, cheating, falsifying information or records, or any other such activity. Failure to adhere to this code of conduct will result in disciplinary action up to and including dismissal from the program.

Grounds For Dismissal

A student may be dismissed from the program for the following reasons:

1. Absenteeism greater than 1 unexcused class.
2. Receiving a “D” or “F” as a cumulative grade for the course.
3. Insubordination (in class, lab, or in clinical)
4. The conviction and/or known use of, distribution of, or possession of illegal drugs, or controlled substances.
5. Failure to accomplish clinical assignments and objectives
6. Unprofessional or unethical conduct
7. Cheating in related or professional EMS courses or in clinical documentation.

NRPM 112 Course Objectives:

1. Discuss population demographics demonstrating the rise in the elderly population in the United States.
2. Discuss societal issues concerning the elderly.
3. Discuss society's view of aging and the social, financial, and ethical issues facing the elderly.
4. Assess the various living environments of elderly patients.
5. Describe the local resources available to assist the elderly and create strategies to refer at-risk patients to appropriate community services.
6. Discuss common emotional and psychological reactions to aging, including causes and manifestations.
7. Compare pharmacokinetics in elderly patients versus younger adults.
8. Discuss drug distribution, metabolism, and excretion in the elderly patient.
9. Discuss the impact of polypharmacy and medication noncompliance on patient assessment and management.
10. Discuss medication issues pertinent to the elderly, including polypharmacy, dosing errors, and increased drug sensitivity.
11. Discuss the problems with mobility in the elderly and develop strategies to prevent falls.
12. Discuss how problems with sensation affect communication and patient assessment.
13. Discuss problems with continence and elimination and develop communication strategies to provide psychological support.
14. Apply the pathophysiology of multisystem failure to the assessment and management of medical conditions in the elderly patient.
15. Discuss factors that may complicate assessment of the elderly patient.
16. Describe principles to use when assessing and communicating with an elderly patient.
17. Compare the assessment of an elderly patient versus a younger patient.
18. Discuss common complaints of the elderly.
19. Discuss the normal and abnormal age-related changes of the pulmonary system.
20. Describe the epidemiology of pulmonary diseases in the elderly, including incidence, morbidity and mortality rates, risk factors, and prevention strategies for patients with pneumonia, chronic obstructive pulmonary disease, and pulmonary embolism.
21. Compare the pathophysiology of pulmonary diseases in the elderly versus younger adults, including pneumonia, chronic obstructive pulmonary disease, and pulmonary embolism.
22. Discuss the assessment of the elderly patient with pulmonary complaints, including pneumonia, chronic obstructive pulmonary disease, and pulmonary embolism.
23. Identify the need for intervention and transport of the elderly patient with pulmonary complaints.
24. Develop a treatment and management plan for the elderly patient with pulmonary complaints, including pneumonia, chronic obstructive pulmonary disease, and pulmonary embolism.
25. Discuss the normal and abnormal cardiovascular system changes with age.
26. Describe the epidemiology of cardiovascular diseases in the elderly, including incidence, morbidity and mortality rates, risk factors, and prevention strategies for patients with myocardial infarction, heart failure, dysrhythmias, aneurysm, and hypertension.
27. Compare the pathophysiology of cardiovascular diseases in the elderly versus younger adults, including myocardial infarction, heart failure, dysrhythmias, aneurysm, and hypertension.
28. Discuss assessment of the elderly patient with complaints related to the cardiovascular system, including myocardial infarction, heart failure, dysrhythmias, aneurism, and hypertension.
29. Identify the need for intervention and transportation of the elderly patient with cardiovascular complaints.
30. Develop a treatment and management plan for the elderly patient with cardiovascular complaints, including myocardial infarction, heart failure, dysrhythmias, aneurism, and hypertension.
31. Discuss the normal and abnormal age-related changes of the nervous system.
32. Describe the epidemiology of nervous system diseases in the elderly, including incidence, morbidity and mortality rates, risk factors, and prevention strategies for patients with cerebral vascular disease, delirium, dementia, Alzheimer's disease, and Parkinson's disease.
33. Compare the pathophysiology of nervous system diseases in the elderly versus younger adults, including cerebral vascular disease, delirium, dementia, Alzheimer's disease, and Parkinson's disease.
34. Discuss the assessment of the elderly patient with complaints related to the nervous system, including cerebral vascular disease, delirium, dementia, Alzheimer's disease, and Parkinson's disease.
35. Identify the need for intervention and transportation of the patient with complaints related to the nervous system.

36. Develop a treatment and management plan for the elderly patient with complaints related to the nervous system, including cerebral vascular disease, delirium, dementia, Alzheimer's disease, and Parkinson's disease.
37. Discuss the normal and abnormal age-related changes of the endocrine system.
38. Describe the epidemiology of endocrine diseases in the elderly, including incidence, morbidity and mortality rates, risk factors, and prevention strategies for patients with diabetes and thyroid diseases.
39. Compare the pathophysiology of diabetes and thyroid diseases in the elderly versus younger adults.
40. Discuss the assessment of the elderly patient with complaints related to the endocrine system, including diabetes and thyroid diseases.
41. Identify the need for intervention and transportation of the patient with endocrine problems.
42. Develop a treatment and management plan for the elderly patient with endocrine problems, including diabetes and thyroid diseases.
43. Discuss the normal and abnormal age-related changes of the gastrointestinal system.
44. Discuss assessment of the elderly patient with complaints related to the gastrointestinal system.
45. Identify the need for intervention and transportation of the patient with gastrointestinal complaints.
46. Develop and execute a treatment and management plan for the elderly patient with gastrointestinal problems.
47. Discuss the assessment and management of an elderly patient with gastrointestinal hemorrhage and bowel obstruction.
48. Compare the pathophysiology of gastrointestinal hemorrhage and bowel obstruction in the elderly versus younger adults.
49. Discuss the normal and abnormal age-related psychiatric changes.
50. Describe the epidemiology of depression and suicide in the elderly, including incidence, morbidity and mortality rates, risk factors, and prevention strategies.
51. Compare the psychiatry of depression and suicide in the elderly versus younger adults.
52. Discuss the assessment of the elderly patient with psychiatric complaints, including depression and suicide.
53. Identify the need for intervention and transport of the elderly psychiatric patient.
54. Develop a treatment and management plan for the elderly psychiatric patient pertinent to depression and suicide.
55. Discuss the normal and abnormal age-related changes of the integumentary system.
56. Describe the epidemiology of pressure ulcers in the elderly, including incidence, morbidity and mortality rates, risk factors, and prevention strategies.
57. Compare the pathophysiology of pressure ulcers in the elderly versus younger adults.
58. Discuss the assessment of the elderly patient with complaints related to the integumentary system, including pressure ulcers.
59. Identify the need for intervention and transportation of the patient with complaints related to the integumentary system.
60. Develop a treatment and management plan for the elderly patient with complaints related to the integumentary system, including pressure ulcers.
61. Discuss the normal and abnormal age-related changes of the musculoskeletal system.
62. Describe the epidemiology of osteoarthritis and osteoporosis, including incidence, morbidity and mortality rates, risk factors, and prevention strategies.
63. Compare the pathophysiology of osteoarthritis and osteoporosis in the elderly versus younger adults.
64. Discuss the assessment of the elderly patient with complaints related to the musculoskeletal system, including osteoarthritis and osteoporosis.
65. Identify the need for intervention and transportation of the patient with musculoskeletal complaints.
66. Develop a treatment and management plan for the elderly patient with musculoskeletal complaints, including osteoarthritis and osteoporosis.
67. Discuss the normal and abnormal age-related changes relevant to toxicology.
68. Discuss the assessment of the elderly patient with complaints related to toxicology.
69. Identify the need for intervention and transportation of the patient with toxicologic problems.
70. Develop and execute a treatment and management plan for the elderly patient with toxicologic problems.
71. Describe the epidemiology of drug toxicology in the elderly, including the incidence, morbidity and mortality rates, risk factors, and prevention strategies.
72. Compare the pathophysiology of drug toxicity in the elderly versus younger adults.
73. Discuss the use and effects of commonly prescribed drugs in the elderly patient.
74. Discuss the assessment findings common in elderly patients with drug toxicity.
75. Discuss the management and considerations when treating an elderly patient with drug toxicity.

76. Describe the epidemiology of drug and alcohol abuse in the elderly, including incidence, morbidity and mortality rates, risk factors, and prevention strategies.
77. Compare the pathophysiology of drug and alcohol abuse in the elderly versus younger adults.
78. Discuss the assessment findings common in elderly patients with drug and alcohol abuse.
79. Discuss the management and considerations when treating an elderly patient with drug and alcohol abuse.
80. Discuss the normal and abnormal age-related changes of thermoregulation.
81. Discuss the assessment of the elderly patient with complaints related to thermoregulation.
82. Identify the need for intervention and transportation of the patient with environmental considerations.
83. Develop and execute a treatment and management plan for the elderly patient with environmental considerations.
84. Compare the pathophysiology of hypothermia and hyperthermia in the elderly versus younger adults.
85. Discuss the assessment findings and management plan for elderly patients with hypothermia or hyperthermia.
86. Describe the epidemiology of trauma in the elderly, including incidence, morbidity and mortality rates, risk factors, and prevention strategies for patients with orthopedic injuries, burns, and head injuries.
87. Compare the pathophysiology of trauma in the elderly versus younger adults, including orthopedic injuries, burns, and head injuries.
88. Discuss the assessment findings common in elderly patients with traumatic injuries, including orthopedic injuries, burns, and head injuries.
89. Discuss the management and considerations when treating an elderly patient with traumatic injuries, including orthopedic injuries, burns, and head injuries.
90. Identify the need for intervention and transport of the elderly patient with trauma.

Affective-

1. Demonstrate and advocate appropriate interactions with the elderly that conveys respect for their position in life.
2. Recognize the emotional need for independence in the elderly while simultaneously attending to their apparent acute dependence.
3. Recognize and appreciate the many impediments to physical and emotional well-being in the elderly.
4. Recognize and appreciate the physical and emotional difficulties associated with being a caretaker of an impaired elderly person, particularly the patient with Alzheimer's disease.

Cognitive-

1. Discuss the incidence of abuse and assault.
2. Describe the categories of abuse.
3. Discuss examples of intimate partner abuse.
4. Describe characteristics of a person in an abusive relationship.
5. Describe the cycle of violence.
6. Outline techniques for detection of potential violent crime scenes.
7. Describe priorities for crew safety and crime scene awareness.
8. Discuss the assessment and management of the abused patient.
9. Discuss the documentation requirements associated with abuse and assault.
10. Discuss the legal aspects associated with abuse and assault situations.
11. Discuss community resources available to assist victims of abuse or assault.
12. Discuss examples of child abuse and neglect (maltreatment).
13. Identify types of child abuse.
14. Discuss examples of elder abuse.
15. Identify types of elder abuse.
16. Discuss examples of sexual assault.
17. Discuss the assessment and management of a sexual assault patient.
18. Discuss evidence preservation and evidence collection at a crime scene

Affective-

1. Demonstrate sensitivity to the abused patient.
2. Value the behavior of the abused patient.
3. Attend to the emotional state of the abused patient.
4. Recognize the value of non-verbal communication with the abused patient.

5. Attend to the needs for reassurance, empathy and compassion with the abused patient.
6. Listen to the concerns expressed by the abused patient.
7. Listen and value the concerns expressed by the sexually assaulted patient.

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1. Describe the various etiologies and types of hearing impairments.
2. Recognize the patient with a hearing impairment.
3. Anticipate accommodations that may be needed to manage the patient with a hearing impairment.
4. Describe the various etiologies of visual impairments.
5. Recognize the patient with a visual impairment.
6. Anticipate accommodations that may be needed to manage the patient with a visual impairment.
7. Describe the various etiologies and types of speech impairments.
8. Recognize the patient with a speech impairment.
9. Anticipate accommodations that may be needed in order to properly manage the patient with a speech impairment.
10. Describe the various etiologies of obesity.
11. Anticipate accommodations that may be needed to manage the patient with obesity.
12. Describe paraplegia/quadruplegia.
13. Anticipate accommodations that may be needed to manage the patient with paraplegia/quadruplegia.
14. Define *mental illness*.
15. Describe the various etiologies of mental illness.
16. Recognize the presenting signs of the various mental illnesses.
17. Anticipate accommodations that may be needed to manage the patient with a mental illness.
18. Define the term *developmentally disabled*.
19. Recognize the patient with a developmental disability.
20. Anticipate accommodations that may be needed to manage the patient with a developmental disability.
21. Describe Down syndrome.
22. Recognize the patient with Down syndrome.
23. Anticipate accommodations that may be needed to manage the patient with Down syndrome.
24. Describe the various etiologies of emotional impairment.
25. Recognize the patient with emotional impairment.
26. Anticipate accommodations that may be needed to manage the patient with emotional impairment.
27. Define *emotional/mental impairment (EMI)*.
28. Recognize the patient with an emotional or mental impairment.
29. Anticipate accommodations that may be needed to manage the patient with an emotional or mental impairment.
30. Describe the following diseases/illnesses:
 - Arthritis
 - Cancer
 - Cerebral palsy
 - Cystic fibrosis
 - Multiple sclerosis
 - Muscular dystrophy
 - Myasthenia gravis
 - Poliomyelitis
 - Spina bifida
 - Patients with a previous head injury
31. Identify the possible presenting sign(s) for the following diseases/illnesses:
 - Arthritis
 - Cancer
 - Cerebral palsy
 - Cystic fibrosis
 - Multiple sclerosis
 - Muscular dystrophy
 - Myasthenia gravis
 - Poliomyelitis
 - Spina bifida
 - Patients with a previous head injury
32. Anticipate accommodations that may be needed in order to properly manage the following patients:

- Arthritis
 - Cancer
 - Cerebral palsy
 - Cystic fibrosis
 - Multiple sclerosis
 - Muscular dystrophy
 - Myasthenia gravis
 - Poliomyelitis
 - Spina bifida
 - Patients with a previous head injury
33. Define *cultural diversity*.
 34. Recognize a patient who is culturally diverse.
 35. Anticipate accommodations that may be needed to manage a patient who is culturally diverse.
 36. Identify a patient who is terminally ill.
 37. Anticipate accommodations that may be needed to manage a patient who is terminally ill.
 38. Identify a patient with a communicable disease.
 39. Recognize the presenting signs of a patient with a communicable disease.
 40. Anticipate accommodations that may be needed to manage a patient with a communicable disease.
 41. Recognize sign(s) of financial impairments.
 42. Anticipate accommodations that may be needed to manage the patient with a financial impairment.

1. Discuss the impact of cultural differences when rendering patient care.
2. Define codependency and explain its impact on patient care.
3. Discuss the impact poverty has on EMS operations.
4. Discuss the financial burdens placed on patients unable to pay for services as well as society.
5. Understand the impact of homelessness in the United States as it relates to prehospital care.
6. Understand common chronic mental and physiologic illnesses associated with the homeless.

1. Compare the primary objectives of acute care, home care, and hospice care.
2. Summarize the types of home care and the services provided.
3. Compare the primary objectives of the advanced life support (ALS) professional and the home care professional.
4. Differentiate the role of EMS provider from the role of the home care provider.
5. Compare the cost, mortality rate, and quality of care for a given patient in the hospital versus the home care setting.
6. Discuss the aspects of home care that result in enhanced quality of care for a given patient.
7. Identify the importance of home healthcare medicine as related to the ALS level of care.
8. Discuss the aspects of home care that have the potential to become a detriment to the quality of care for a given patient.
9. Given a home care scenario, predict complications requiring ALS intervention and possible hospitalization.
10. 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.
11. List pathologic conditions and complications typical to home care patients.
12. Describe airway maintenance devices typically found in the home care environment.
13. List modes of artificial ventilation and prehospital situations where each might be used.
14. Describe devices that provide or enhance alveolar ventilation in the home care setting.
15. Identify failure of ventilatory devices found in the home care setting.
16. List vascular access devices found in the home care setting.
17. Recognize standard central venous access devices used in the home care setting.
18. Describe the basic characteristics of central venous catheters and implantable drug administration ports, complications, and signs of malfunction associated with these devices.
19. List devices found in the home care setting that are used to empty, irrigate, or deliver nutrition or medication to the gastrointestinal or genitourinary tract.
20. Describe the indications, contraindications, and signs of equipment failure for urinary catheters in the prehospital setting.
21. Differentiate home care from acute care as a preferable situation for a given patient scenario.
22. Identify failure of drains.
23. Discuss the significance of palliative care programs related to a patient in a home care setting.

24. Define hospice care, comfort care, and resuscitation attempts as they relate to local practice, law, and policy.
25. List the stages of the grief process and relate them to an individual in hospice care.
26. Given a series of scenarios, demonstrate interaction and support with the family members and support persons for a patient who has died.
27. Discuss the relation between local home care treatment protocols and standard operating procedures and local EMS protocols and standard operating procedures.
28. Discuss differences in an individual's ability to accept and cope with his or her own impending death.
29. Discuss the rights of the terminally ill.

Affective-

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

Overview of Semester 2 Class Schedule:

WEEK #	NRPM 108	NRPM 109	NRPM 111	NPRM 111L	NRPM 110	NRPM 112	NRPM 113	Total hrs/day
1	3		5					8
2		2	5		1			8
3		2	5		1			8
4		2		5	1			8
5				5			3	8
6				5			3	8
7	5						3.5	8.5
8	5						3.5	8.5
9	5				1		2.5	8.5
10	5				1		2.5	8.5
11		6			1		1.5	8.5
12		6			1		1.5	8.5
13		6			1		1.5	8.5
14					1		7.5	8.5
15					1		7.5	8.5
16							8.5	8.5
17						4	4.5	8.5
18						4	4.5	8.5
	23	24	15	15	10	8	55	150

Course Legend:	Classes will meet on Tuesdays		
	Req. Hrs:	Start Time	End Time
NRPM 108: Basic ECG Interpretation and Cardiopulmonary Emergency Care	23	900	~1400
NRPM 109: Advanced ECG Interpretation & Cardiopulmonary Emergency Care	24	900	~1500
NRPM 111: Maternal and Child Emergency Care	15	~1300	~1800
NRPM 111L: Maternal and Child Emergency Care Lab	15	~1300	~1800
NRPM 110: Medical Emergency Pre-Hospital Care	10	~1500	~1600
NRPM 112: Special Considerations in Pre-Hospital Care	8	900	1300
*NRPM 113: Simulation Lab 1	55	~1300	1830
**NRPM 114: Clinical Practicum 1	72	Based on student avail.	
	222		