

# El Paso Community College

## Syllabus

### Part II

## Official Course Description

<b>SUBJECT AREA</b>	<u>Respiratory Care Technology</u>
<b>COURSE RUBRIC AND NUMBER</b>	<u>RSPT 2358</u>
<b>COURSE TITLE</b>	<u>Respiratory Care Patient Assessment</u>
<b>COURSE CREDIT HOURS</b>	<u>3                      3                      :                      0</u> Credits                      Lec                      Lab

### I. Catalog Description

Provides integration of patient examination techniques, including patient history and physical exam, lab studies, x-ray, pulmonary function, arterial blood gases, and invasive and non-invasive hemodynamics . A grade of “C” or better is required in this course to take the next course. **Prerequisite: RSPT 2317.**  
**Corequisite: RSPT 2360. (3:0).**

### II. Course Objectives

#### A. Unit I. Diagnosis of Pulmonary Dysfunction

Upon satisfactory completion of this course, the student will be able to:

1. Discuss the etiology, pathophysiology, and respiratory care management of common respiratory diseases.
2. Describe the two groups of lung diseases according to physiology, obstructive and restrictive disease.
3. Discuss restrictive lung disease with regard to assessment, respiratory care diagnosis, and interventions.
4. Define acute respiratory failure.
5. Explain how the complications of respiratory failure are identified.
6. Differentiate etiology and pathophysiology of hypoxemia and hypercapnia.
7. Describe assessment and treatment of both hypoxemia and hypercapnia.
8. Name indications for non-invasive ventilation.
9. Identify clinical conditions that require less frequently used modes of ventilation.
10. Discuss the anatomic alterations of the lungs caused by common respiratory disorders.
11. Discuss the major pathophysiologic mechanisms activated throughout the respiratory system as a result of the anatomic alterations.

#### B. UNIT II. Laying the Foundation

1. Identify the purpose of the pre-interaction, introductory, initial assessment, treatment, and follow-up stages of patient-clinician interaction. Consider language, disabilities, and age.
2. Explain the relevance of cultural diversity customs and rituals in the history-taking process.
3. Describe the following techniques that may be used to convey genuine concern during patient-clinician interaction.
  - a. Face the patient squarely
  - b. Use eye contact appropriately
  - c. Maintain an open posture
  - d. Consider appropriate use of touch
  - e. Be an active listener

4. Describe the skills necessary to gather information and record patient assessment using the SOAP format.
  5. Recognize the approximate distances and appropriate activities for proper assessment.
  6. Recognize the value of the patient's territoriality, which include all items within a certain boundary around his/her bed.
  7. Explain the importance of properly obtaining and recording a patient history.
  8. Describe techniques for structuring the interview.
  9. Describe the components of a complete health history and physical assessment.
  10. Describe the general premise of universal precautions and methods by which they are practiced.
  11. Recognize the four classic vital signs and the value of monitoring their trends.
  12. Describe the method for implementing and evaluating the documentation of the pulmonary assessment data.
  13. Describe how to perform the following components on a pulmonary physical examination.
    - a. Inspection
    - b. Palpation
    - c. Percussion
    - d. Auscultation
  14. Recognize the importance of reviewing the history of present illness before performing a physical examination.
  15. Explain the significance of jugular venous distention.
  16. List the signs associated with respiratory distress.
  17. Discuss the physiology of normal fluid and electrolyte balance.
  18. Discuss abnormalities of hemoglobin, platelets, and leukocytes.
  19. Describe the pathophysiology of cardiac dysfunction in an anatomic format.
  20. Discuss the clinical value of the electrocardiogram.
  21. Describe the changes in right heart function caused by respiratory disease and methods of assessment.
  22. Define anemia and identify the most common causes of anemia.
  23. Describe lab tests for cardiac function, their use in clinical practice.
- C. Unit III. Advanced Assessment Techniques
1. Recognize the general purpose of performing pulmonary function tests.
  2. Recognize the situations in which PFTs are indicated.
  3. Identify how the following factors affect PFT measurements:
    - a. Height and weight
    - b. Gender
    - c. Age
    - d. Patient effort
  4. Identify the correct position for endotracheal tube placement on a chest radiograph.
  5. Differentiate between an abnormal and normal chest radiograph as related to pulmonary disease.
- D. Unit IV. Special Populations
1. Identify the anatomic landmarks of the thorax.
  2. Describe the characteristics of the most common respiratory chief complaints.
  3. Describe the pathological changes that occur in the lungs with the aging process.
  4. Identify several techniques for reducing communication barriers with older adult patients.
  5. Describe techniques health care providers can use to compensate for hearing and vision loss in patients.
  6. Identify specific diagnostic tests that have altered age-related normal values.
  7. Identify the importance of the physical assessment in the critically ill patient.
- E. Unit V. Special Procedures
1. Define cardiac output and venous return

2. Recognize the noninvasive methods for evaluating cardiac performance.
3. Recognize the factors that cause erroneously elevated blood pressure measurements.
4. Recognize the following regarding arterial cannulation:
  - a. Indications
  - b. Cannulation sites
  - c. Possible complications
  - d. Normal pressures and their significance
5. Recognize the following regarding Swan-Ganz catheterization
6.
  - a. Identify your catheter placement using waveforms
  - b. Integrate hemodynamic readings in patient assessment
7. List the five most common indications for bronchoscopy
8. Identify the factors believed to be responsible for the pathophysiology of obstructive sleep apnea
9. Recognize the key elements involved in home respiratory care assessment of sleep apnea.
10. Describe the physiologic effect of the different types and stages of sleep on the cardiovascular and respiratory system in the healthy adult.
11. Identify the sleep characteristics that may be useful in screening the patient for obstructive sleep apnea.
12. Identify the methods used to drain the pleural space and complications associated with those methods.
13. Identify the purpose and correct function of one-, two-, or three-bottle closed chest drainage systems.

### III. THECB Learning Outcomes (WECM)

1. Interpret patient history and physical exam.
2. Evaluate lab studies, x-ray, pulmonary function, arterial blood gases, and invasive and noninvasive hemodynamics.

### IV. Evaluation

#### Grading Scale

93 to 100%	A
86 to 92%	B
78 to 85%	C
70 to 77%	D
69 or below	I or F

\*Grades resulting in a decimal fraction of 0.5 or greater will be rounded off to the next whole number.

### V. Disability Statement (American with/Disabilities Act [ADA])

EPCC offers a variety of services to persons with documented sensory, mental, physical, or temporary disabling conditions to promote success in classes. If you have a disability and believe you may need services, you are encouraged to contact the Center for Students with Disabilities to discuss your needs with a counselor. All discussions and documentation are kept confidential. Offices located: VV Rm C-112 (831-2426); TM Rm 1400 (831-5808); RG Rm B-201 (831-4198); NWC Rm M-54 (831-8815); and MDP Rm A-125 (831-7024).

### VI. 6 Drop Rule

Students who began attending Texas public institutions of higher education for the first time during the Fall 2007 semester or later are subject to a 6-Drop limit for all undergraduate classes. Developmental, ESL, Dual Credit and Early College High School classes are exempt from this rule. All students should consult with their instructor before dropping a class. Academic assistance is available. Students are encouraged to see Counseling Services if dropping because exemptions may apply. Refer to the EPCC catalog and website for additional information.