

## RSPT 2210



**LAMAR INSTITUTE  
OF TECHNOLOGY**

### **INSTRUCTOR CONTACT INFORMATION**

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Office Hours: Posted on door.

### **CREDIT**

2 Semester Credit Hours (1 hours lecture, 3 hours lab)

### **MODE OF INSTRUCTION**

Face to Face

### **PREREQUISITE/CO-REQUISITE:**

Pre-requisites: RSPT 1201, RSPT 1213, RSPT 1310, RSPT 1240, RSPT 1325, RSPT 1160, RSPT 2414, RSPT 1311, RSPT 1360, RSPT 1461

Co-requisites: RSPT 2325, RSPT 2255, RSPT 2361

### **COURSE DESCRIPTION**

Etiology, pathogenesis, pathology, diagnosis, history, prognosis, manifestations, treatment, and detection of cardiopulmonary diseases.

### **COURSE OBJECTIVES**

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

#### **Course Objectives**

1. Describe the role of the respiratory therapist in patient assessment.
2. Describe the most common symptoms associated with cardiopulmonary disease and the common causes of each.
3. Describe the common physical examination procedures performed to evaluate patients with cardiopulmonary disease and the implications of abnormalities.
4. Identify and interpret the laboratory tests done to evaluate patients with diseases of the chest and common causes of abnormalities.

#### **Course Outline**

- A. The Patient Interview. (Chapter 1)
  1. Patient History
  2. The Patient Interview
    - a. Internal Factors
    - b. External Factors

- c. Cultural Sensitivity and Religious and Spirituality Considerations
    - d. Health Literacy
    - e. Enhancing the Value of the Health History
  - 3. Techniques of Communication
    - a. Open-Ended Questions
    - b. Closed or Direct Questions
    - c. Responses: Assisting the Narrative
    - d. Nonproductive Verbal Messages
    - e. Nonverbal Techniques of Communication
  - 4. Closing the Interview
  - 5. Pitfalls and Weaknesses Associated with the Patient Interview
  - 6. Self-Assessment Questions
- B. The Physical Examination (Chapter 2)
  - 1. Vital Signs
    - a. Body Temperature
    - b. Pulse
    - c. Respiration
    - d. Blood Pressure
    - e. Oxygen Saturation
  - 2. Systematic Examination of the Chest and Lungs
    - a. Inspection
    - b. Palpation
    - c. Percussion
    - d. Auscultation
  - 3. Self-Assessment Questions
- C. The Pathophysiologic Basis for Common Clinical Manifestations (Chapter 3)
  - 1. Normal Ventilatory Pattern
  - 2. Abnormal Ventilatory Patterns
    - a. Dyspnea
    - b. The Pathophysiologic Basis of Abnormal Ventilatory Patterns
  - 3. The Onset/Offset Patterns Associated With Various Cardiopulmonary Disorders
  - 4. Use of Accessory Muscles of Inspiration
    - a. Scalenes
    - b. Pectoralis Majors
    - c. Trapezius
  - 5. Use of Accessory Muscles of Expiration
    - a. Rectus Abdominis
    - b. External Obliques
    - c. Internal Oblique
    - d. Transversus Abdominis
    - e. Pursed-Lip Breathing
    - f. Substernal and Intercostal Retractions
  - 6. Nasal Flaring
  - 7. Splinting and Decreased Chest Expansion Caused by Pleuritic and Nonpleuritic Chest Pain
    - a. Pleuritic Chest Pain (Pleurisy)
    - b. Nonpleuritic Chest Pain

8. Abnormal Chest Shape and Configuration
  9. Abnormal Extremity Findings
    - a. Altered Skin Color
    - b. Cyanosis
    - c. Digital Clubbing
    - e. Peripheral Edema
  10. Distended Neck Veins and Jugular Venous Distention
  11. Normal and Abnormal Sputum Production
    - a. Normal Histology and Mucus Production of the Tracheobronchial Tree
    - b. Abnormal Sputum Production
    - c. Hemoptysis
  12. Cough
    - a. Nonproductive Cough
    - b. Productive Cough
  13. Self-Assessment Questions
- D. Other Important Test and Procedures (Chapter 9)
1. Sputum Examination
  2. Skin Tests
  3. Endoscopic Examinations
    - a. Bronchoscopy
    - b. Mediastinoscopy
    - c. Lung Biopsy
  4. Video-Assisted Thoracoscopy Surgery
    - a. Navigational Bronchoscopy
  5. Thoracentesis
  6. Pleurodesis
  7. Hematology, Blood Chemistry, and Electrolyte findings
    - a. Hematology
    - b. Blood Chemistry
    - c. Electrolytes
  8. Self-Assessment Questions
- E. Chronic Obstructive Pulmonary Disease, Chronic Bronchitis, and Emphysema ( Chapter 13)
1. Anatomic Alterations of the Lungs Associated With Chronic Bronchitis
  2. Anatomic Alterations of the Lungs Associated With Emphysema
  3. Etiology and Epidemiology
  4. Risk Factors
  5. Diagnosis and Assessment of Chronic Obstructive Pulmonary Disease
    - a. Spirometry
    - b. Severity Assessment of Chronic Obstructive Pulmonary Disease
  6. Key Distinguishing Features Between Emphysema and Chronic Bronchitis
  7. Overview of the Cardiopulmonary Clinical Manifestations Associated With Chronic Bronchitis and Emphysema
  8. General management of Chronic Obstructive Pulmonary Disease
  9. Overview of GOLD's Management of Stable Chronic Obstructive Pulmonary Disease
    - a. Reduce Exposure to Risk Factors

- b. Management of Acute Chronic Obstructive Pulmonary Disease Exacerbations
    - c. Respiratory Care Treatment Protocols
    - d. Implications of the GOLD Guidelines for Respiratory Care
  - 10. Case Studies
    - a. Chronic Bronchitis
    - b. Emphysema
    - c. Example of Classic Chronic Obstructive Pulmonary Disease
  - 11. Self-Assessment Questions
- F. Asthma (Chapter 14)
- 1. National Asthma Education and Prevention Program
  - 2. Global Initiative for Asthma
  - 3. Anatomic Alterations of the Lungs
  - 4. Etiology and Epidemiology
    - a. Risk Factors for Asthma
  - 3. Diagnosis of Asthma
    - a. Other Diagnostic Test for Asthma
  - 4. Overview of the Cardiopulmonary Clinical Manifestations Associated with Asthma
  - 5. General Management of Asthma
    - a. Control-Based Asthma Management Program
    - b. The Stepwise Management Approach to Control Asthma Symptoms and Reduce Risk
    - c. Nonpharmacologic Interventions in the Treatment of Asthma
    - d. Indications for Referral for Expert Evaluation
    - e. Protocol When Asthma Is Controlled
    - f. Management of Asthma Exacerbation
    - g. Management of Asthma With Comorbidities and Special Populations
  - 6. Respiratory Care Treatment Protocols
  - 7. Case Study: Asthma
  - 8. Self-Assessment Questions
- G. Cystic Fibrosis (Chapter 15)
- 1. Anatomic Alterations of the Lungs
  - 2. Etiology and Epidemiology
    - a. How the Cystic Fibrosis Gene is Inherited
    - b. Screening and Diagnosis
    - c. Newborn Screening
    - d. Sweat Test
    - e. Molecular Diagnosis (Genetic Testing)
    - f. Nasal Potential Difference
    - g. Prenatal Testing
    - h. Stool Fecal Fat Testing
  - 3. Overview of the Cardiopulmonary Clinical Manifestations Associated with Cystic Fibrosis
  - 4. General Management of Cystic Fibrosis
    - a. Respiratory Care Treatment Protocols
    - b. Other medications and Special Procedures Prescribed by the Physician
  - 5. Lung or Heart-Lung Transplantation
  - 6. Case Study: Cystic Fibrosis
  - 7. Self-Assessment Questions

- H. Bronchiectasis (Chapter 16)
  - 1. Anatomic Alterations of the Lungs
    - a. Varicose Bronchiectasis (Fusiform Bronchiectasis)
    - b. Cylindrical Bronchiectasis (Tubular Bronchiectasis)
    - c. Cystic Bronchiectasis (Saccular Bronchiectasis)
  - 2. Etiology and Epidemiology
  - 3. Diagnosis
  - 4. Overview of the Cardiopulmonary Clinical Manifestations Associated with Bronchiectasis
  - 5. General Management of Bronchiectasis
    - a. Respiratory Care Treatment Protocols
  - 6. Medications Commonly Prescribed by the Physician
    - a. Expectorants
    - b. Administration of Antibiotics.
  - 7. Case Study Bronchiectasis
  - 8. Self-Assessment Questions
  
- I. Atelectasis (Chapter 17)
  - 1. Anatomic Alterations of the Lungs
  - 2. Etiology
  - 3. Overview of the Cardiopulmonary Clinical Manifestations Associated with Postoperative Atelectasis
  - 4. General Management of Postoperative Atelectasis
    - a. General Considerations
    - b. Respiratory Care Treatment Protocols
  - 5. Case Study: Postoperative Atelectasis
  - 6. Self-Assessment Questions
  
- J. Pneumonia, Lung Abscess Formation, and Important Fungal Diseases (Chapter 18)
  - 1. Pneumonia: Anatomic Alterations of the Lungs
  - 2. Etiology and Epidemiology
  - 3. Community-Acquired Typical Pneumonia
  - 4. Community-Acquired Atypical Pneumonia
    - a. Hospital-Acquired, Health Care-Associated, and Ventilator-Associated Pneumonia
    - b. Aspiration Pneumonia
  - 5. Chronic Pneumonia
  - 6. Fungal Diseases of the Lung: Anatomic Alterations of the Lungs
  - 7. Primary Pathogens
    - a. Histoplasmosis
    - b. Coccidioidomycosis
    - c. Blastomycosis
    - d. Opportunistic Pathogens
  - 8. Pneumonia in the Immunocompromised Host
    - a. Other causes
  - 9. Necrotizing Pneumonia and Lung Abscess
  - 10. Overview of the Cardiopulmonary Clinical manifestations Associated With Pneumonia
  - 11. General Management of Pneumonia
    - a. Respiratory Care Treatment Protocols

- b. Thoracentesis
- 12. Case Study: Pneumonia
- 13. Self-Assessment Questions
  
- K. Tuberculosis (Chapter 19)
  - 1. Anatomic Alterations of the Lungs
    - a. Primary Tuberculosis
    - b. Reactivation Tuberculosis
    - c. Disseminated Tuberculosis
  - 2. Etiology and Epidemiology
  - 3. Tuberculosis Among Health Care Workers
  - 4. Diagnosis
    - a. Mantoux Tuberculin Skin Test
    - b. Acid-Fast Staining
    - c. Sputum Culture
    - d. QuantiFERON-TB Gold Test
    - e. Xpert MTB/RIF Assay
  - 5. Overview of the Cardiopulmonary Clinical Manifestations Associated with Tuberculosis
  - 6. General Management of Tuberculosis
    - a. Pharmacologic Agents Used to Treat Tuberculosis
    - b. Respiratory Care Treatment Protocols
  - 7. Case Study: Tuberculosis
  - 8. Self-Assessment Questions
  
- L. Pulmonary Edema (Chapter 20)
  - 1. Anatomic Alterations of the Lungs
  - 2. Etiology and Epidemiology
    - a. Cardiogenic Pulmonary Edema
    - b. Noncardiogenic Pulmonary Edema
  - 3. Overview of the Cardiopulmonary Clinical Manifestations Associated with Pulmonary Edema
  - 4. General Management of Pulmonary Edema
    - a. Noncardiogenic Pulmonary Edema
    - b. Cardiogenic Pulmonary Edema
    - c. Respiratory Care Treatment Protocols
    - d. Chest tube
  - 5. Case Study: Pulmonary Edema
  - 6. Self-Assessment Questions
  
- M. Pulmonary Vascular Disease (Chapter 21)
  - 1. Pulmonary Embolism
  - 2. Anatomic Alterations of the Lungs
  - 3. Etiology and Epidemiology
  - 4. Diagnosis and Screening
    - a. Common Test for Suspected Pulmonary Embolism
  - 5. Overview of the Cardiopulmonary Clinical Manifestations Associated with Pulmonary Embolism
  - 6. General Management of Pulmonary Embolism
    - a. Thrombolytic Agents

- b. Preventive Measures
    - c. Respiratory Care Treatment Protocols
  - 7. Pulmonary Hypertension
    - a. Diagnosis
    - b. Management of Pulmonary Hypertension
  - 8. The Emerging Role of Respiratory Therapist in Pulmonary Vascular Disorders
  - 9. Case Study: Pulmonary Embolism
  - 10. Self-Assessment Questions
  
- N. Flail Chest (Chapter 22)
  - 1. Anatomic Alterations of the Lungs
  - 2. Etiology and Epidemiology
  - 3. Overview of the Cardiopulmonary Clinical Manifestations Associated with Flail Chest
  - 4. General Management of Flail Chest
    - a. Respiratory Care Treatment Protocols
  - 5. Case Study: Flail Chest
  - 6. Self-Assessment Questions
  
- O. Pneumothorax (Chapter 23)
  - 1. Anatomic Alterations of the Lungs
  - 2. Etiology, Epidemiology, and Symptoms
    - a. Traumatic Pneumothorax
    - b. Spontaneous Pneumothorax
    - c. Iatrogenic Pneumothorax
    - e. Symptoms
  - 3. Overview of the Cardiopulmonary Clinical Manifestations
  - 4. General management of Pneumothorax
    - a. Respiratory Care Treatment Protocols
    - b. Pleurodesis
  - 5. Case Study: Spontaneous Pneumothorax
  - 6. Self-Assessment Questions
  
- P. Pleural Effusion and Empyema (Chapter 24)
  - 1. Anatomic Alterations of the Lungs
  - 2. Pleural Anatomy and Pathophysiology
  - 3. Etiology and Epidemiology
    - a. Common Causes of Transudative Pleural Effusion
    - b. Common Causes of Exudative Pleural Effusion
    - c. Other Pathologic Fluids That Separate the Parietal From the Visceral Pleura
  - 4. Overview of the Cardiopulmonary Clinical Manifestations Associated With Pleural Effusion and Empyema
  - 5. General Management of Pleural Effusion
    - a. Respiratory Care Treatment Protocols
  - 6. Case Study: Pleural Disease
  - 7. Self-Assessment Questions
  
- Q. Kyphoscoliosis (Chapter 25)

1. Anatomic Alterations of the Lungs
  2. Etiology and Epidemiology
  3. Scoliosis
    - a. Congenital Scoliosis
    - b. Neuromuscular Scoliosis
    - c. Idiopathic Scoliosis
    - d. Diagnosis of Scoliosis
  4. Kyphosis
  5. Overview of the Cardiopulmonary Clinical Manifestations Associated With Kyphoscoliosis
  6. General Management of Scoliosis
    - a. Conservative Treatment
    - b. Braces
    - c. Surgery
    - d. Other Approaches
  7. Respiratory Care Treatment Protocols
    - a. Oxygen Therapy Protocol
    - b. Airway Clearance Therapy Protocol
    - c. Lung Expansion Therapy Protocol
  8. Case Study: Kyphoscoliosis
  9. Self-Assessment Questions
- R. Cancer of the Lung (Chapter 26)
1. Anatomic Alterations of the Lungs
  2. Etiology and Epidemiology
    - a. Types of Cancer
    - b. Non-Small Cell Lung Carcinoma
    - c. Staging of Small Cell Lung Carcinoma
    - d. Other Types of Lung Tumors
  3. Screening and Diagnosis
    - a. Staging of Non-Small Cell Lung Carcinoma
    - b. Staging of Small Cell Lung Carcinoma
  4. Overview of Cardiopulmonary Clinical Manifestations Associated With Cancer of the Lung
  5. General Management of Lung Cancer
    - a. Treatment Options for Non-Small Cell Lung Cancer
    - b. Treatment Options for Small Cell Lung Cancer
  6. Case Study: Cancer of the Lung
  7. Self-Assessment Questions
- S. Interstitial Lung Disease (Chapter 27)
1. Anatomic Alterations of the Lungs
  2. Etiology and Epidemiology
    - a. Interstitial Lung Disease of Known Causes or Associations
    - b. Systemic Diseases
    - c. Idiopathic Interstitial Pneumonias
    - d. Specific Pathology
    - e. Miscellaneous Diffuse Interstitial Lung Diseases
  3. Overview of the Cardiopulmonary Clinical Manifestations Associated With Chronic Interstitial Lung Disease



4. General Management of Interstitial Lung Disease
    - a. Medications and Procedures Commonly Prescribed by the Physician
    - b. Respiratory Care Treatment Protocols
    - c. Other Treatment
  5. Case Study: Interstitial Lung Disease
  6. Self-Assessment Questions
- T. Acute Respiratory Distress Syndrome (Chapter 28)
1. Anatomic Alterations of the Lungs
  2. Etiology and Epidemiology
  3. Diagnostic Criteria for Acute Respiratory Distress Syndrome
  4. Overview of the Cardiopulmonary Clinical Manifestations Associated with Acute Respiratory Distress Syndrome
  5. General Management of Acute Respiratory Distress Syndrome
    - a. Corticosteroids
    - b. Respiratory Care Treatment Protocols
    - c. Ventilations Strategy
  6. Case Study: Acute Respiratory Distress Syndrome
  7. Self-Assessment Questions
- U. Guillain-Barre Syndrome (Chapter 29)
1. Anatomic Alterations of the Lungs Associated with Guillain Barre Syndrome
  2. Etiology and Epidemiology
  3. Clinical Presentations
    - a. Diagnosis
  4. Overview of Cardiopulmonary Clinical Manifestations Associated with Guillain-Barre Syndrome
  5. General Management of Guillain-Barre Syndrome
    - a. Respiratory Care Treatment Protocols
    - b. Physical Therapy and Rehabilitation
  6. Case Study: Guillain-Barre Syndrome
  7. Self-Assessment Questions
- V. Myasthenia Gravis (Chapter 30)
1. Anatomic Alterations of the Lungs Associated with Myasthenia Gravis
  2. Etiology and Epidemiology
  3. Screening and Diagnosis
    - a. Clinical Presentation and History
    - b. Bedside Diagnostic Tests
    - c. Evaluation of Conditions Associated with Myasthenia Gravis
  4. Overview of the Cardiopulmonary Clinical Manifestations Associated with Myasthenia Gravis
    - a. Symptomatic Treatment
    - b. Chronic Immunotherapies
    - c. Rapid Immunotherapies
    - d. Thymectomy
    - e. Respiratory Care Treatment Protocols
  5. Case Study: Myasthenia Gravis
  6. Self-Assessment Questions
- W. Sleep Apnea (Chapter 32)

1. Obstructive Sleep Apnea
  2. Central Sleep Apnea
  3. Mixed Apnea
  4. Sleep-Related Hypoventilation and Hypoxemia Syndromes
  5. Diagnosis of Obstructive Sleep Apnea
    - a. Polysomnography
    - b. Diagnosis of Central Sleep Apnea
    - c. In-Home, Unattended, Portable Monitoring
  6. Overview of the Cardiopulmonary Clinical manifestations Associated With Sleep Apnea
  7. General Management of Obstructive Sleep Apnea
    - a. Behavior Modification
    - b. Positive Airway Pressure
    - c. Oral Appliances
    - d. Surgery
    - e. Implantable Upper Airway Stimulator
  8. General management of Central Sleep Apnea
    - a. Management of Hyperventilation-Related CSA
    - b. Management of Hypoventilation-Related CSA
    - c. Other Treatments for Sleep Apnea
    - d. Pharmacologic Therapy
  9. Case Study: Obstructive Sleep Apnea
  10. Self-Assessment Questions
- X. Near Drowning/Wet Drowning (Chapter 44)
1. Anatomic Alterations of the Lungs
  2. Etiology and Epidemiology
  3. Overview of the Cardiopulmonary Clinical Manifestations Associated With Near Wet Drowning
  4. General management of Near Drowning/Wet Drowning
    - a. The First Responder
    - b. Management at the Hospital
  5. Case Study: Near Wet Drowning
  6. Self-Assessment Questions
- T. Smoke Inhalation, Thermal Lung Injuries, and Carbon Monoxide Intoxication (Chapter 45)
1. Anatomic Alterations of the Lungs
    - a. Thermal Injury
    - b. Smoke Inhalation Injury
  2. Etiology and Epidemiology
  3. Body Surface Burns
  4. Overview of the Cardiopulmonary Clinical Manifestations Associated With Smoke Inhalation and Thermal Injuries
  5. General Management of Smoke Inhalation and Thermal Injuries
    - a. General Emergency Care
    - b. Airway Management
    - c. Bronchoscopy
    - d. Hyperbaric Oxygen Therapy
    - e. Treatment for Cyanide Poisoning
    - f. Pharmacologic Treatment

- g. Respiratory Care Treatment Protocols
- 6. Case Study: Smoke Inhalation and Thermal Lung Injury
- 7. Self-Assessment Questions
- U. Smoke Inhalation, Thermal Lung Injuries, and Carbon Monoxide Intoxication
  - 1. Anatomic Alterations of the Lungs
  - 2. Etiology and Epidemiology
  - 3. Body Surface Burns
  - 4. General Management of Smoke Inhalation and Thermal Injuries
  - 5. Case Study

## **REQUIRED TEXTBOOK AND MATERIALS**

**Clinical Manifestations and Assessment of Respiratory Disease, by Des Jardins and Burton  
ISBN: 9780323871501, 9<sup>th</sup> edition**

## **ATTENDANCE POLICY**

It is the student's responsibility to familiarize his or herself with the LIT Student Handbook and the Respiratory Care program student handbook.

Violation of the policies listed in the LIT Student Handbook and/or the Respiratory Care program student handbook will result in appropriate action being taken.

**Attendance:** Attendance is expected. Students are allowed 2 absences per semester, with or without a Dr.'s excuse. Each absence in excess of the 2 allotted absences will result in a 10% reduction, per absence, in the student's final class grade. Example: 3 absences = 10% reduction in final class grade, 4 absences = 20% reduction in final class grade, etc. Deductions as a result of excessive absences, will be applied to the student's final class grade at the end of the semester.

Your attendance is the biggest predictor of your success. If you do not attend class, you are missing very valuable information. Attendance will be recorded both in the classroom and in the lab. Absences in lab will result in a grade of 0 for that lab day. Tests will include both textbook material and material presented in class.

If absences seriously interfere with performance, the instructor may recommend, to the Department Chair, that the student be dropped from the course.

Absences resulting from extenuating circumstances will be evaluated by the program Director and/or Director of Clinical Education on a case by case basis. Proper documentation will be required to demonstrate the nature of the extenuating circumstance.

Examples of extenuating circumstances, and documentation, include:

- Hospitalization of an immediate family member (Hospital/Physician documentation must be provided)
- Death of an immediate family member (Memorial Pamphlet must be provided)

**Tardiness:** Punctuality is expected. 3 tardies in a semester will be considered as a 1 day absence.

**You must notify the instructor via phone call, prior to missing an exam.** Failure to notify instructor of an absence prior to the start of the exam will result a grade of 0 will be assigned for the

missed exam. There will be no makeup exams or lab assignments if you fail to notify the instructor prior to a missed exam.

**Make-Up Exams:** Make up exams will be taken the first class day that the student returns following an absence. Make-up exams will be administered immediately at the beginning of the class on the day of return.

**Homework Assignments:** Homework assignments will be due immediately at the start of class. Late work (work turned in after the start of class) will not be accepted. If you are absent on the day a homework assignment is due, it is your responsibility to ensure that your work is emailed to the instructor prior to the start of class on the day of your absence.

**Pop Quizzes:** Pop Quizzes will be administered at the start of class. Any student who arrives tardy to class, after the Pop Quiz has been distributed, will receive a 0 grade for that pop quiz.

**Class Roll** – will be taken on the first and fourth class days. If your name is not on the class roster on the fourth class day, you will be asked to leave class until this matter is taken care of.

**NO EATING, NO DRINKING, TURN OFF BEEPERS, TURN OFF CELL PHONES, NO DISRUPTIVE BEHAVIOUR, AND NO CHILDREN ALLOWED IN CLASS PLEASE!**

**Remediation** – Refer to the Respiratory Care Student Handbook

### **Cellphone Policy**

- Cell phones must be silenced or turned off during class time.
- Cell phones will be placed in the appointed cell phone pocket hanger.
- Attendance will be taken from the cell phone hanger with assigned names.
- Any cell phone use in class will result in your dismissal from class.
- If cell phones are used during an exam, you will be dismissed from the Respiratory Care Program.
- Computer usage not relating to course content is prohibited and will result in your dismissal from the Respiratory Care Program.

### **DROP POLICY**

If you wish to drop a course, you are responsible for initiating and completing the drop process by the specified drop date as listed on the [Academic Calendar](#). If you stop coming to class and fail to drop the course, you will earn an “F” in the course.

### **STUDENT EXPECTED TIME REQUIREMENT**

For every hour in class (or unit of credit), students should expect to spend at least two to three hours per week studying and completing assignments. For a 3-credit-hour class, students should prepare to allocate approximately six to nine hours per week outside of class in a 16-week session OR approximately twelve to eighteen hours in an 8-week session. Online/Hybrid

students should expect to spend at least as much time in this course as in the traditional, face-to-face class.

### COURSE CALENDAR

DATE	TOPIC	READINGS (Due on this Date)	ASSIGNMENTS (Due on Friday)
Week One	Chapter 1 Chapter 2 Chapter 3	Patient Interview Physical Exam Common Clinical Manifestations	
Week Two	Test 1 (Ch1-3) Chapter 9	Tests and Procedures	
Week Three:	Chapter 13 Chapter 14	COPD Asthma	
Week Four:	Chapter 15 Chapter 16	Cystic Fibrosis Bronchiectasis	
Week Five:	Test 2 (Ch 9,13,14,15,16) Chapter 17	Atelectasis	
Week Six:	Chapter 18 Chapter 19	Pneumonia TB	
Week Seven	Chapter 20 Chapter 21	Pulmonary Edema Pulmonary Vascular Disease	
Week Eight:	Test 3 (Ch 17,18,19,20,21) Chapter 22	Flail chest	
Week Nine:	Chapter 23 Chapter 24	Pneumothorax Pleural Effusion and Empyema	
Week Ten:	Chapter 25 Chapter 26	Kyphoscoliosis Lung Cancer	
Week Eleven:	Test 4 (Ch 22,23,24,25,26) Chapter 27	Interstitial Lung Disease	
Week Twelve	Chapter 28 Chapter 29	Acute Respiratory Distress Syndrome Guillain-Barre Syndrome	
Week Thirteen	Chapter 30 Test 5 (Ch 27,28,29,30)	Myasthenia Gravis	
Week Fourteen	Chapter 32 Chapter 44	Sleep Apnea Near Drowning	
Week Fifteen	Chapter 45 Exam 6 (Ch 32, 44, 45)	Smoke Inhalation	
Week Sixteen	Case Scenarios Final Exam		

## COURSE EVALUATION

Final grades will be calculated according to the following criteria:

Final grades will be calculated according to the following criteria:

6-8 exams- **Daily pop quizzes will be given at the start of class. If you are late for class this pop quiz will not be made up. The average of the daily pop quiz grades will count as 1 exam. You may drop 2 daily pop quiz grades prior to average.**

	60%
Final	29%
Homework/Attendance	11%

## Course Requirements

1. Attend all classes and labs.
2. Complete all assignments.

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## GRADING SCALE

90 – 100	A
80 – 89	B
77 – 79	C
68 – 76	D
0 – 67	F

LIT does not use +/- grading scales

## ACADEMIC DISHONESTY

Students found to be committing academic dishonesty (cheating, plagiarism, or collusion) may receive disciplinary action. Students need to familiarize themselves with the institution's Academic Dishonesty Policy available in the Student Catalog & Handbook at <http://catalog.lit.edu/content.php?catoid=3&navoid=80#academic-dishonesty>.

## TECHNICAL REQUIREMENTS

The latest technical requirements, including hardware, compatible browsers, operating systems, etc. can be online at <https://lit.edu/online-learning/online-learning-minimum-computer-requirements>. A functional broadband internet connection, such as DSL, cable, or WiFi is necessary to maximize the use of online technology and resources.

## DISABILITIES STATEMENT

The Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 are federal anti-discrimination statutes that provide comprehensive civil rights for persons with disabilities. LIT provides reasonable accommodations as defined in the Rehabilitation Act of

1973, Section 504 and the Americans with Disabilities Act of 1990, to students with a diagnosed disability. The Special Populations Office is located in the Eagles' Nest Room 129 and helps foster a supportive and inclusive educational environment by maintaining partnerships with faculty and staff, as well as promoting awareness among all members of the Lamar Institute of Technology community. If you believe you have a disability requiring an accommodation, please contact the Special Populations Coordinator at (409)-951-5708 or email [specialpopulations@lit.edu](mailto:specialpopulations@lit.edu). You may also visit the online resource at [Special Populations - Lamar Institute of Technology \(lit.edu\)](#).

### **STUDENT CODE OF CONDUCT STATEMENT**

It is the responsibility of all registered Lamar Institute of Technology students to access, read, understand and abide by all published policies, regulations, and procedures listed in the *LIT Catalog and Student Handbook*. The *LIT Catalog and Student Handbook* may be accessed at [www.lit.edu](http://www.lit.edu). Please note that the online version of the *LIT Catalog and Student Handbook* supersedes all other versions of the same document.

### **ARTIFICIAL INTELLIGENCE STATEMENT**

Lamar Institute of Technology (LIT) recognizes the recent advances in Artificial Intelligence (AI), such as ChatGPT, have changed the landscape of many career disciplines and will impact many students in and out of the classroom. To prepare students for their selected careers, LIT desires to guide students in the ethical use of these technologies and incorporate AI into classroom instruction and assignments appropriately. Appropriate use of these technologies is at the discretion of the instructor. Students are reminded that all submitted work must be their own original work unless otherwise specified. Students should contact their instructor with any questions as to the acceptable use of AI/ChatGPT in their courses

### **STARFISH**

LIT utilizes an early alert system called Starfish. Throughout the semester, you may receive emails from Starfish regarding your course grades, attendance, or academic performance. Faculty members record student attendance, raise flags and kudos to express concern or give praise, and you can make an appointment with faculty and staff all through the Starfish home page. You can also login to Blackboard or MyLIT and click on the Starfish link to view academic alerts and detailed information. It is the responsibility of the student to pay attention to these emails and information in Starfish and consider taking the recommended actions. Starfish is used to help you be a successful student at LIT.

### **ADDITIONAL COURSE POLICIES/INFORMATION**

Late work will not be accepted.