



Course Addition

Originator: Carole Grady

Department: Nursing

Replacement Course ID:

1. Course Title: Nursing Pharmacology Concepts II Prefix & Num. NURS 2550

2. Pre-requisite(s): Admission to the Dixie State College Associate Degree in Nursing Program Co-requisite(s): Instructor permission required: Yes

Class Hours/Week: *LEC: 1.00 *LBC w/cr: 0.00 *LNC w/no cr: 0.00 Credits: 1.00 Clinical: 0.00 Practicum: 0.00 Independent Study: 0.00

3. Semester to be Implemented: Spring, 2011 Day [X] Extended Day [] Grade type Regular

4. Cost Code: Lab Fee: \$0.00 Additional Fees: \$0.00 Potential WLF: 1.00

Explanation of Fees:

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

6. Catalog Description: [] Now in Print, or [X] Proposed Below:

Second semester course. Builds on concepts in NURS 2450 within the three domains of the client, healthcare, and nursing. Emphasis is placed on application of pharmacological health and illness concepts in acute care and family health settings. Prerequisites: Admission to the Dixie State College Associate Degree in Nursing Program.

7. Course justification (attach sheets if needed):

Second of three nursing pharmacology concepts courses in revised ADN concept-based curriculum program.

8. Are library resources adequate to support this change? Yes If not, how are those resources to be acquired?

9. Are technical and other resources available? Yes If not, how are those resources to be acquired?

10. Relationship to the curriculum: Would the course fill a G.E. requirement? No If yes, which G.E. area? If it does not fill a G.E. requirement, would the course offer elective credit? Yes

11. Transferability of the course: List comparable courses at other colleges and universities:

Table with 6 columns: G.E., Elective, Course Title, Credits, Prefix & Num, Institution. Row 1: [] Elective [X] Pharm II 2 NSG2250 SLCC. Row 2: [] [] [] [] [] DSC. Row 3: [] [] [] [] [] DSC.

Approval Signatures:

Department Chair: [Signature]

Date: 3/4/2010

Associate Dean/Dean: [Signature]

Date: 3/4/2010

Curriculum Chair: _____

Date: _____

Academic VP: _____

Date: _____