

Course Addition

Originator: **Carole Grady**

Department: **Nursing**

Replacement Course ID:

1. Course Title: **Complex Health and Illness Concepts** Prefix & Num. **NURS 2700**
2. Pre-requisite(s): **Admission to the Dixie State College Associate Degree in Nursing Program** Instructor permission required: **Yes**
 Co-requisite(s):
 Class Hours/Week: *LEC: **4.00** *LBC w/cr: **0.00** *LNC w/no cr: **0.00** Credits: **8.00**
 Clinical: **180.00** Practicum: **0.00** Independent Study: **0.00**
3. Semester to be Implemented: **Spring, 2011** Day Extended Day Grade type **Regular**
4. Cost Code: **HEA 303** Lab Fee: **\$0.00** Additional Fees: **\$250** Potential WLF: **8.00**
 Explanation of Fees: **Cost of ATI testing package and program pinning ceremony**
5. Is this course designed for a specific group? **Yes** Who? **Students admitted to the ADN program**
6. Catalog Description: Now in Print, or Proposed Below:
Third semester course. Assimilates concepts within the three domains of the client, healthcare, and nursing. Emphasis is placed on the concepts of fluid and electrolytes, metabolism, thermoregulation, oxygenation, perfusion, tissue integrity, infection, mobility, stress and coping, family, violence, critical thinking, and nursing process. Includes classroom and clinical learning experiences. Course fee required. Prerequisites: Admission to the Dixie State College Associate Degree in Nursing Program.
7. Course justification (attach sheets if needed):
Third semester course 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:

G.E.	Elective	Course Title	Credits	Prefix & Num.	Institution
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Med/Surg Nrsng III/Clinical	4	NSG2400/05	SLCC
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Manager of Care/Clinical	10	NURS2220/2230	CEU
<input type="checkbox"/>	<input type="checkbox"/>				DSC

Approval Signatures:

Department Chair: *Carole Grady* Date: 3/4/2010
 Associate Dean/Dean: *Victor Hasfurther* Date: 3/4/2010
 Curriculum Chair: _____ Date: _____
 Academic VP: _____ Date: _____