Big Bend
COMMUNITY COLLEGE

MASTER COURSE OUTLINE
Prepared By: Kyla Ohs/Andrea Elliott   Date: April 2021

COURSE TITLE
SIM Pharmacology Lab

GENERAL COURSE INFORMATION

Dept.: SIM	Course Num: 161	(Formerly:)
CIP Code: 15.0401	Intent Code: 21	Program Code: 654
Credits: 1		
Total Contact Hrs Per Qtr.: 22		
Lecture Hrs:	Lab Hrs:22	Other Hrs:
Distribution Designation:)		

COURSE DESCRIPTION (as it will appear in the catalog)
This course is designed to build on the content learned in Pharmacology Essentials. It provides students with an opportunity to apply pharmacology principles to simulated manikins in order to record the effects of medication administration to simulated patients with varying disease conditions. Student must pass this course with a minimum 2.0 grade in order to be applied to degree completion.

PREREQUISITES
MAP117/MATH 094 or a higher placement
Corequisite: HED 160

TEXTBOOK GUIDELINES
As required by the BBCC Simulation Technology program

COURSE LEARNING OUTCOMES
Upon successful completion of the course, students should be able to demonstrate the following knowledge or skills.
1. Accurately and quickly calculate appropriate medication doses and rates for oral and parenteral forms of medication.
2. Apply the 7 "rights" of medication administration.
3. Apply and record major medication classifications and the body system affected by those medications.
4. Apply common medications used in the clinical setting to simulated patients.
5. Demonstrate appropriate documentation of medication in simulation technology.

INSTITUTIONAL OUTCOMES

COURSE CONTENT OUTLINE
1. Medications used for musculoskeletal system disorders
2. Medications used for gastrointestinal system disorders
3. Medications used for circulatory system disorder
4. Medications that affect the respiratory system
5. Medications used for urinary system disorders

6. Medications used in treatment of endocrine system disorders
7. Medications that affect the nervous system
8. Medications that affect the reproductive system

DEPARTMENTAL GUIDELINES *(optional)*

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DIVISION CHAIR APPROVAL   **DATE**