APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR & MINOR

1. Submitted by College of Lexington Community College
   Date 5-22-03

   Department/Division offering course DHY/NSHT/LCC

2. Changes proposed:
   (a) Present prefix and number DHY 222 Proposed prefix and number n/a
   (b) Present Title Special Needs Patients
       New Title n/a
   (c) If course title is changed and exceeds 24 characters (including spaces), include a sensible
       title (not to exceed 24 characters) for use on transcripts:
       n/a
   (d) Present credits: 2 Proposed credits: 3
   (e) Current lecture: laboratory ratio 2 lecture/0 lab Proposed: 3 lecture/0 lab
   (f) Effective Date of Change: (Semester & Year) Fall 2004

3. To be Cross-listed as n/a ____________________________
   (Prefix and Number) ____________________________
   (Signature: Dept. Chair)

4. Proposed change in Bulletin description:
   (a) Present description (including prerequisite(s)):
       Focus is on oral healthcare that is tailored to the specific needs of persons with a variety of
       medical, disabling or mental conditions. Innovative approaches to serving special care
       populations are discussed with special emphasis on pharmacological concerns and on
       treatment modifications. (Prereq Completion of DHY 130, DHY 131, DHY 135, DHY 136
       and NFS 101 with a grade of C or better.)
       n/a
   (b) New description:
       n/a
   (c) Prerequisite(s) for course as changed:
       n/a

5. What has prompted this proposal?
   More time is needed to cover additional material found on recent national board exams
   and to keep up with the constantly changing medical/pharmacological field. Also I
   underestimated how much time I would need when I developed this course in 2001. In 2
   hours per week, I have not been able to cover some of the material I had listed previously.

6. If there are to be significant changes in the content or teaching objectives of this course,
   indicate changes:
More topics will be added and some of the topics already listed will be covered in more depth. See topical outline.

7. What other departments could be affected by the proposed change?
   none

8. Will changing this course change the degree requirements in one or more programs?
   [ ] No  [x] Yes (If yes, attach an explanation of the change.)*
   It will add one hour to the Dental Hygiene Program.

9. Is this course currently included in the University Studies Program?  [x] No  [ ] Yes (If yes, please attach correspondence indicating concurrence of the University Studies Committee.)

10. If the course is a 100-200 level course, please submit evidence (e.g. correspondence) that the Community College System has been consulted.
    Dr. Chiswell has contacted other program directors. See attached letter.

11. Is this a minor change?  [x] No  [ ] Yes (NOTE: See the description on this form of what constitutes a minor change. Minor changes are sent directly from the Dean of the College to the Chair of the Senate Council. If the latter deems the change not to be minor, it will be sent to the appropriate Council for normal processing.)

12. Within the Department, who should be consulted for further information on the proposed course change?
    Name: Janella Spencer or Larry Chiswell Phone Extension: 4094
Course Outline: (Two-level outline required)

Current outline

I. Special Needs Patients
   A. Definition
   B. Interrelationships between medicine and dentistry

II. Management of Dental Patients with Cardiovascular Disease
   A. Infective endocarditis
   B. Rheumatic fever, rheumatic heart disease and murmurs
   C. Congenital heart disease
   D. Surgically corrected cardiac and vascular disease
   E. Hypertension
   F. Ischemic heart disease
   G. Cardiac arrhythmias
   H. Congestive heart failure

III. Management of Dental Patients with Endocrine System Disorders
   A. Diabetes mellitus
   B. Thyroid disease
   C. Adrenal gland disorders

IV. Management of Dental Patients with Renal Disease
   A. Renal failure
   B. Dialysis
   C. Transplants

V. Management of Dental Patients with Pulmonary Disease
   A. Chronic obstructive pulmonary disease
   B. Asthma
   C. Tuberculosis
   D. Cystic fibrosis
   E. Allergic reactions

VI. Management of Dental Patients with Blood Disorders/Dyscrasias
   A. White blood cell disorders
      1. Leukocytosis
      2. Leukopenia
      3. Leukemia
   B. Red blood cell disorders
      1. Anemia
         a. iron deficient
         b. pernicious
         c. sickle cell
         d. aplastic
      2. Polycythemia
   C. Coagulation disorders
      1. Inherited
      2. Acquired
      3. Drug related
   D. Other drug related bleeding disorders

VII. Management of the Dental Patient with Mental Impairment
   A. Mental Illness
1. Depression
2. Bipolar disorder
3. Schizophrenia
4. Obsessive-compulsive disorder

B. Mentally handicapped
   1. Learning disabled
   2. Behaviorally disabled
   3. Emotionally disabled

C. Autism

VIII. Management of the Dental Patient with Hormonal Complications
A. Puberty
B. Pre and post menopause
C. Pregnancy

IX. Management of the Dental Patient with Infectious Disease
A. HIV/AIDS
B. Sexually transmitted diseases
C. Hepatitis

X. Management of the Dental Patient with Neurologic Disorders
A. Stroke/CVA
B. Epilepsy
C. Transfer of patients from wheelchairs

XI. Management of the Dental Patient with Neuromuscular Disease
A. Cerebral palsy
B. Muscular dystrophy
C. Multiple sclerosis
D. Bell's palsy
E. Myasthenia gravis
F. Parkinson's disease

XII. Management of the Dental Patient with Cancer
A. Types of cancer
B. Radiation and chemotherapy
C. Pre and post therapy dental modifications

XIII. Management of the Geriatric Dental Patient
A. Normal aging
   1. Whole body
   2. Oral
   3. Successful aging vs. disease
B. Other considerations
   1. Arthritis
   2. Side effects of drug therapy
   3. Dementia
   4. Metabolism changes

XIV. Management of the Dental Patient with Specialty considerations
A. Oral and maxillofacial surgery
B. Orthodontics
C. Endodontics
D. Prosthodontics
E. Pediatric dentistry
F. Periodontics

Proposed outline
I. Special Needs Patients
   A. Definition
   B. Interrelationships between medicine and dentistry
II. Management of Dental Patients with Cardiovascular Disease
A. Infective endocarditis
B. Rheumatic fever, rheumatic heart disease and murmurs
C. Congenital heart disease
D. Surgically corrected cardiac and vascular disease, heart transplants
E. Hypertension
F. Ischemic heart disease
G. Cardiac arrhythmia
H. Congestive heart failure

III. Management of Dental Patients with Endocrine System Disorders
A. Diabetes mellitus
B. Thyroid disease
C. Adrenal gland disorders

IV. Management of Dental Patients with Renal Disease
A. Renal failure
B. Dialysis
C. Transplants

V. Management of Dental Patients with Pulmonary Disease
A. Chronic obstructive pulmonary disease
B. Asthma
C. Tuberculosis
D. Cystic fibrosis
E. Allergic reactions

VI. Management of Dental Patients with Blood Disorders/Dyscrasias
A. White blood cell disorders
   1. Leukocytosis
   2. Leukopenia
   3. Leukemia
B. Red blood cell disorders
   1. Anemia
      a. Iron deficient
      b. Pernicious
      c. Sickle cell
      d. Aplastic
   2. Polycythemia
C. Coagulation disorders
   1. Inherited
   2. Acquired
   3. Drug related
D. Other drug related bleeding disorders

VII. Management of the Dental Patient with Mental Impairment
A. Mental illness
   1. Depression
   2. Bipolar disorder
   3. Schizophrenia
   4. Obsessive-compulsive disorder
   5. Eating disorders
   6. Substance abuse
B. Mentally handicapped
   1. Learning disabled
   2. Behaviorally disabled
   3. Emotionally disabled
C. Autism

VIII. Management of the Dental Patient with Hormonal Complications
A. Puberty
B. Pre and post menopause
C. Pregnancy

IX. Management of the Dental Patient with Infectious Diseases, Liver Disease
A. HIV/AIDS
B. Sexually transmitted diseases
C. Hepatitis
D. Alcoholism

X. Management of the Dental Patient with Neurologic Disorders
A. Stroke/CVA
B. Epilepsy
C. Transfer of patients from wheelchairs

XI. Management of the Dental Patient with Neuromuscular Disease
A. Cerebral palsy
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A. Oral and maxillofacial surgery
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C. Endodontics
D. Prosthodontics
E. Pediatric dentistry
F. Periodontics

2. List of Experiments/Activities: (If laboratory or clinic is involved)
   n/a

3. Changes in Suggested Learning Resources:
   Learning Resources for course: (only change is from 5th to 6th edition on both texts)


   Spencer, Janella, Dental Hygiene Care for Special Needs Patients, Bound syllabus, Lexington Community College, annual edition.

   Worldwide Web/Internet as applicable.
4. Impact of Change on Enrollment: 
   none

5. For Inclusion on LCC General Education List: 
   A. Degree Area (AA/AS or AAS or both)  
      n/a 
   B. Competency Area  
      n/a 
   C. General Education Competency Statement (List and provide examples of implementation methods/activities)  
      n/a 
   D. Across the Curriculum Competencies (List and provide examples of implementation methods/activities)  
      n/a

6. For Removal from General Education List: 
   A. Competency Area  
      n/a 
   B. Rationale  
      n/a

7. For Inclusion on University Studies List: (A syllabus must be attached.) 
   A. Area  
      n/a 
   B. Course Competencies  
      n/a 
   C. Description of Writing Component  
      n/a

If a course has not been revised during the last five (5) years, the major change route must be used. 
Was revised in 2002.
Signatures of Approval:

Department Chair: [Signature]
Date: 10-17-03

Dean of the College: [Signature]
Date: [Signature]

Date of Notice to the Faculty: [Signature]

*Undergraduate Council:

*University Studies: [Signature]
Date: [Signature]

*Academic Council for the Med. Ctr: [Signature]

*Senate Council: [Signature]

ACTION OTHER THAN APPROVAL: [Signature]

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