Course Outline

COURSE:  JFT 33  DIVISION:  50  ALSO LISTED AS:

TERM EFFECTIVE:  Fall 2013  CURRICULUM APPROVAL DATE: 10/14/2013

SHORT TITLE:  EMT REFRESHER

LONG TITLE:  Emergency Medical Technician - Refresher

<table>
<thead>
<tr>
<th>Units</th>
<th>Number of Weeks</th>
<th>Type</th>
<th>Contact Hours/Week</th>
<th>Total Contact Hours</th>
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<td>.45</td>
<td>8.1</td>
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<td>Lab:</td>
<td>.88 TO 1.77</td>
<td>15.84 TO 31.86</td>
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COURSE DESCRIPTION:

EMT-Basic Refresher curriculum consists of 24-40 hours. The refresher training program is divided into six modules and follows the National Standards Curricula. This refresher course is competency based. EMTs who successfully complete this course must demonstrate competency over the knowledge and skills outlined in this refresher education program. This is a pass/no pass course. PREREQUISITE: Must possess current National EMS Certification, EMT Card.

PREREQUISITES:

COREQUISITES:

CREDIT STATUS:  D - Credit - Degree Applicable

GRADING MODES

P - Pass/No Pass

REPEATABILITY:  N - Course may not be repeated

SCHEDULE TYPES:

  02 - Lecture and/or discussion
  03 - Lecture/Laboratory
  04 - Laboratory/Studio/Activity

STUDENT LEARNING OUTCOMES:

1. Define medical direction and discuss the EMT-Basic’s role in the process.  
Measure: Quiz
2. Distinguish between methods of assessing breathing in the adult, child and infant patient.
   Measure: Class exercise, demonstration
   PLO:
   ILO: 2,1,3
   GE-LO:
   Year assessed or anticipated year of assessment: 2013

3. Describe common hazards found at the scene of a trauma and a medical patient.
   Measure: quiz
   PLO:
   ILO: 1,2
   GE-LO:
   Year assessed or anticipated year of assessment: 2013

4. Working with a partner, demonstrate the technique for moving a patient secured to a stretcher to the ambulance and loading the patient into the ambulance.
   Measure: demonstration, role play exercises
   PLO:
   ILO: 3, 2, 1
   GE-LO:
   Year assessed or anticipated year of assessment: 2013

5. Perform an initial patient assessment and demonstrate the steps in the emergency medical care of a patient with open abdominal wounds.
   Measure: quiz
   PLO:
   ILO: 3,2,1
   GE-LO:
   Year assessed or anticipated year of assessment: 2013

6. Describe the steps the EMT-Basic should take for personal protection from airborne and bloodborne pathogens.
   Measure: quiz
   PLO:
   ILO: 2,3
   GE-LO:
   Year assessed or anticipated year of assessment: 2013

7. Demonstrate the skills involved in performing the detailed physical exam and apply the components of the essential patient information in a written report.
   Measure: class exercise
   PLO:
   ILO: 3,2,1
   GE-LO:
8. Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers.
Measure: class exercise
PLO:
ILO: 3,2,1
GE-LO:
Year assessed or anticipated year of assessment: 2013

9. Demonstrate how to insert an oropharyngeal and nasopharyngeal airway.
Measure: class exercise test
PLO:
ILO: 3,2,1
GE-LO:
Year assessed or anticipated year of assessment: 2013

10. Demonstrate CPR and the application and operation of the automated external defibrillator.
Measure: class exercise, test
PLO:
ILO: 3,2,1
GE-LO:
Year assessed or anticipated year of assessment: 2013

CONTENT, STUDENT PERFORMANCE OBJECTIVES, OUT-OF-CLASS ASSIGNMENTS
Curriculum Approval Date: 10/14/2013
2-4 Hours
CONTENT: Module I: Preparatory
I. Scene Safety
A. Body substance isolation (BSI) (Bio-Hazard)
1. EMT-B’s and patient’s safety
B. Personal protection
1. Hazardous materials
2. Rescue
3. Violence
II. Quality improvement
A. Medical Direction
1. Medical direction laws and regulations vary from state to state
2. All states mandate medical direction for EMT-Paramedic level
3. Some states mandate medical direction for EMT-Basics
4. Goal of EMS medical direction
III. Health and Safety
A. Lifting techniques
1. Safety precautions
2. Guidelines for lifting
B. Carrying
1. Precautions for carrying
2. Guidelines for carrying
C. Reaching
1. Guidelines for reaching
D. Pushing and pulling guidelines
   1. Push, rather than pull, whenever possible
   2. Keep back locked-in
   3. Keep line of pull through center of body by bending knees
   4. Keep weight close to the body
   5. Push from the area between the waist and shoulder
   6. If weight is below waist level, use kneeling position
   7. Avoid pushing or pulling from an overhead position if possible.
   8. Keep elbows bent with arms close to the sides
E. Stressful situations
   1. Examples of situations that may produce a stress response
   2. The EMT-Basic will experience personal stress as well as encounter patients and bystanders in severe stress.
F. Stress management
   1. Recognize warning signs
   2. Balance work, recreation, family, health, etc.
   3. EMS personnel and their family and friend’s response
   4. Seek/refer professional help.
G. Critical incident stress debriefing (CISD)
   1. A team of peer counselors and mental health professionals who help EMTs deal with critical incident stress.
   2. Meeting is held within 24 to 72 hours of a major incident.
   3. How to access local system.
H. Comprehensive Critical Incident Stress Management includes
   1. Pre-incident stress education
   2. On-scene peer support
   3. One-on-one support
   4. Disaster support services
   5. Diffusing
   6. CISD
   7. Follow up services
   8. Spouse/family support
   9. Community outreach programs
   10. Other health and welfare programs such as wellness programs
IV. Medical - Legal
A. Expressed Consent
   1. Patient must be of legal age and able to make a rational decision.
   2. Patient must be informed of the steps of the procedures and all related risks.
   3. Must be obtained from every conscious, mentally competent adult before rendering treatment.
B. Implied Consent
   1. Consent assumed from the unconscious patient requiring emergency intervention
   2. Based on the assumption that the unconscious patient would consent to life saving interventions
C. Children and mentally incompetent adults
1. Consent for treatment must be obtained from the parent or legal guardian.
2. Implied consent.
D. Confidentiality
1. Confidential information
2. Releasing confidential information
E. Refusal of Care
1. The patient has the right to refuse treatment.
2. The patient may withdraw from treatment at any time.
3. Refusals
F. Do Not Resuscitate (DNR) orders
1. Patient has the right to refuse resuscitative efforts.
2. In general, requires written order from the physician.
3. Review state and local legislation/protocols relative to DNR orders and advance directives.
4. When in doubt the EMT Basic should begin resuscitation efforts.
G. Abuse and neglect (child or elder)
1. Definition of abuse
2. Definition of neglect.
3. Signs and symptoms of abuse
4. Signs and symptoms of neglect
5. CNS injuries are the most lethal - shaken baby syndrome
6. Do not accuse in the field
STUDENT PERFORMANCE OBJECTIVES (SPO): Student will explain the role of EMS and the EMT-Basic regarding patients with DNR orders.
OUT-OF-CLASS ASSIGNMENTS: Reading assignment 4-8 Hours
CONTENT: Module II: Airway
I. Opening the Airway
A. Head-tilt chin-lift when no neck injury suspected-review technique
B. Jaw thrust when the EMT-Basic suspects spinal injury
C. Assess need for suctioning
II. Techniques of Suctioning
A. Inspection of suction device
B. Turn on the suction unit.
C. Attach a catheter
1. Suctioning mouth of an infant or child
2. Suction of nasal passages
D. Inserting the catheter into the oral cavity without suction
E. Apply suction.
1. Move the catheter tip side to side.
F. Suction for no more than 15 seconds at a time.
1. In infants and children, shorter suction time should be used.
2. If the patient has secretions that cannot be removed quickly and easily by suctioning, the patient should be log rolled and the oropharynx should be cleared.
3. If patient produces frothy secretions
G. If necessary, rinse the catheter and tubing with water to prevent obstruction of the tubing from dried material.
III. Techniques of Artificial Ventilation
A. In order of preference, the methods for ventilating a patient by the EMT Basic are as follows:
1. Mouth-to-mask with supplemental oxygen
2. Two person bag-valve-mask
3. Flow restricted, oxygen powered ventilation device
4. One person bag-valve-mask
B. Body substance isolation
C. Bag-valve-mask
1. Consists of a self-inflating bag, one way valve, face mask, oxygen reservoir
2. Bag-valve-mask issues
3. Use when no trauma is suspected
4. Use with suspected trauma
D. Flow restricted, oxygen-powered ventilation devices (FROPVD)
1. Flow restricted, oxygen-powered ventilation devices
2. Use when no neck injury is suspected
3. Use when there is suspected neck injury.

IV. Airway Adjuncts
A. Oropharyngeal (oral) airways
1. Oropharyngeal airways may be used to assist in maintaining an open airway on unresponsive patients
2. Select the proper size
3. Open the patient’s mouth.
4. In adults, avoid obstructing the airway with the tongue
5. Advance the airway gently until resistance is encountered
B. Nasopharyngeal (nasal) airways
1. Nasopharyngeal airways are less likely to stimulate vomiting
2. Select the proper size
3. Lubricate the airway with a water soluble lubricant
4. Insert it posteriorly

V. Oxygen
A. Equipment for oxygen delivery
1. Non-rebreather
2. Nasal

SPO: Student will perform techniques to assure patient has an open airway.

OUT-OF-CLASS ASSIGNMENTS: Test preparation 4-8 Hours

CONTENT: Module III: Patient Assessment
I. Scene Size-up/Assessment
A. Definition
B. Body substance isolation (BSI) review
C. Scene safety
1. Definition
2. Personal protection
3. Protection of the patient
4. Protection of bystanders
5. If the scene is unsafe, make it safe
II. Initial Assessment
A. General Impression of the Patient
1. Definition
2. Assess patient and determine if the patient has a life threatening condition
B. Assess patient’s mental status
   1. Begin by speaking to the patient
   2. Levels of mental status
C. Assess the patient’s airway status
   1. Responsive patient
   2. Unresponsive patient
D. Assess the patient’s breathing
E. Assess the patient’s circulation
   1. Assess the patient’s pulse
   2. Assess if major bleeding is present
3. Assess the patient’s perfusion by evaluating skin color, temperature and condition.
F. Identify priority patients
G. Expedite transport of the patient. Consider ALS backup
H. Proceed to the appropriate focused history and physical examination

III. Focused History and Physical Examination
A. Trauma
   1. Perform rapid trauma assessment
   2. Patients with no significant mechanism of injury, perform focused history and exam
B. Responsive Medical Patients
   1. Assess history of present illness
   2. Assess complaints and signs or symptoms
C. Unresponsive Medical Patients
   1. Perform rapid assessment
   2. Assess baseline vital signs
   3. Position patient to protect airway
   4. Obtain SAMPLE history from bystander, family, friends prior to leaving

IV. Detailed Physical Exam
A. Patient and injury specific
B. Perform a detailed physical examination on the patient to gather additional information
   1. As you inspect and palpate, look and/or feel for the following examples of injuries or signs of injury - DCAP-BTLS
      a) Deformities
      b) Contusions
      c) Abrasions
      d) Punctures/penetrations
      e) Burns
      f) Tenderness
      g) Lacerations
      h) Swelling
   2. Assess all four extremities
   3. Roll with spinal precautions and assess posterior aspect of body, inspect and palpate for injuries and signs of injury
   4. Reassess vital signs

V. Ongoing Assessment
A. Repeat initial assessment.
B. Re-establish patient priorities
C. Reassess and record vital signs
D. Repeat focused assessment regarding patient complaint or injuries
E. Check interventions

VI. Verbal communication
A. After arrival at the hospital, give a verbal report to the staff
B. Introduce the patient by name (if known).
C. Summarize the information given over the radio
   1. Chief complaint
   2. History that was not given previously
   3. Additional treatment given en route
   4. Additional vital signs taken en route
   5. Give additional information that was collected but not transmitted

VII. Interpersonal communication
A. Make and keep eye contact with the patient.
B. When practical, position yourself at a level lower than the patient.
C. Be honest with the patient.
D. Use language the patient can understand.
E. Be aware of your own body language.
F. Speak clearly, slowly and distinctly.
G. Use the patient’s proper name
H. If a patient has difficulty hearing, speak clearly with lips visible.
I. Allow the patient enough time to answer questions
J. Act and speak in a calm, confident manner.

VIII. Prehospital care report
A. Functions
   1. Continuity of care
   2. Legal document
   3. Educational
   4. Administrative
   5. Research
   6. Evaluation and continuous quality improvement
B. Use
   1. Types
   2. Sections
   3. Confidentiality
   4. Distribution
C. Falsification issues

SPO: Students will demonstrate the steps in performing a focused history and physical on a medical and a trauma patient.

OUT-OF-CLASS ASSIGNMENTS: Quiz preparation 4-8 Hours

CONTENT: Module IV: Medical/Behavioral
I. General Pharmacology
A. Overview - the importance of medications and the dangers associated with their administration
B. Medications (carried on the EMS unit)
   1. Activated Charcoal
   2. Oral Glucose
   3. Oxygen
C. Medications
1. Prescribed Inhaler
2. Nitroglycerin
3. Epinephrine auto-injector medication names
D. Medication Form
1. Medications the EMT-Basic carries or helps administer
E. Dose - state how much of the medication should be given
F. Administration
G. Actions - state desired effects of a medication
H. Side effects
II. Breathing Difficulty
A. Signs and symptoms
B. Emergency Medical Care - Focused History and Physical Exam
C. Medications
III. Cardiac Emergencies
A. Emergency Medical Care - Initial Patient Assessment Review
1. Circulation - pulse absent
2. Responsive patient with a known history - cardiac
B. Cardiac
1. Complains of chest pain/discomfort
C. Relationship to Basic Life Support
1. Not all chest pain patients become cardiac arrest patients
2. One Rescuer CPR
3. Two Rescuer CPR
D. Automated External Defibrillation
1. Importance of automated external defibrillation
2. Overview of automated external defibrillators
3. Use of automated external defibrillators during resuscitation attempts
4. Standard operational procedures
5. Defibrillator maintenance
E. Medications
1. Nitroglycerin
IV. Emergency Medical Care of a patient with an Altered Mental Status
A. Conditions that may cause an altered mental status
V. Emergency medical care of altered mental status with a history of diabetes
A. Perform initial assessment
B. Perform history and physical exam
C. Performs baseline vital signs and SAMPLE history
D. Assure known history of diabetes (medical identification tags), etc.
E. Determine last meal, last medication dose, any related illness
F. Determine if patient can swallow
G. Administer oral glucose in accordance with local medical direction or protocol
H. Medication
1. Oral Glucose
VI. Emergency medical care of allergic reactions
A. Patient complains of respiratory distress associated with allergies
1. Perform initial assessment
2. Perform a focused history and physical exam
3. Assess baseline vital signs and SAMPLE history
4. Administer oxygen if not already done in the initial assessment
5. Contact medical direction
6. Prescribed preloaded epinephrine
7. Record and reassess in two minutes
8. Record reassessment findings
B. Patient has contact with substance that causes allergic reaction without signs of 
respiratory distress or shock (hypoperfusion)
1. Continue with focused assessment
2. Patient not wheezing or without signs of respiratory compromise or hypotension should 
not receive epinephrine
C. Medications
1. Epinephrine auto-injector
2. Document all responses to medications
VII. Emergency Medical Care of Poisoning/Overdose
A. Ingested
1. Signs and symptoms
B. Emergency medical care
1. Remove pills, tablets or fragments with gloves from patient’s mouth, as needed, without 
injuring oneself.
2. Consult medical direction for administration of activated charcoal
3. Bring all containers, bottles, labels, etc. of poison agents to receiving facility.
C. Inhaled
1. Signs and symptoms
2. Emergency medical care
D. Toxic injection
1. Signs and symptoms
2. Emergency medical care
E. Absorbed
1. Signs and symptoms
2. Emergency medical care
VIII. Behavioral Emergencies
A. Assessment for Suicide Risk
1. Depression
2. Suicidal gestures
B. Emergency medical care
1. Scene size-up, personal safety
2. Patient assessment
3. Calm the patient - do not leave patient alone
4. Restrain if necessary
5. Transport
6. Overdose
C. Medical/Legal Considerations
1. How to handle the patient who resists treatment
D. Avoiding unreasonable force
1. Reasonable force
E. Police and medical direction involvement
1. Seek medical direction when considering restraining a patient.
2. Ask for police assistance if during scene size-up the patient appears or acts aggressive
or combative.

F. Protection against false accusations

SPO: Students will be given a cardiac arrest scenario, and demonstrate the use of CPR and the AED.

OUT-OF-CLASS ASSIGNMENTS: 6-8 Hours

CONTENT: Module V: Trauma

I. Shock (hypoperfusion syndrome)

   A. Severity

      1. Shock (hypoperfusion)
      2. Cell and organ malfunction and death
      3. Peripheral perfusion loss
      4. Trauma patients

   B. Signs and symptoms of shock (hypoperfusion)

   C. Emergency medical care

      2. Maintain airway/artificial ventilation
      3. Control any external bleeding
      4. Elevate the lower extremities
      5. Splint any suspected bone or joint injuries
      6. Prevent loss of body
      7. Immediate transport.

II. Emergency medical care of an open chest wound

   A. Occlusive dressing to open wound
   B. Administer oxygen if not already done
   C. Position of comfort if no spinal injury suspected

III. Emergency medical care for an open abdominal injury

   A. Do not touch or try to replace the exposed organ
   B. Cover exposed organs
   C. Flex the patient's hips and knees, if uninjured

IV. Emergency medical care of amputations

   A. Wrap the amputated part in a sterile dressing.
   B. Wrap or bag the amputated part in plastic and keep cool.
   C. Transport the amputated part with the patient.
   D. Do not complete partial amputations, immobilize to prevent further injury

V. Emergency medical care of burns

   A. Stop the burning process, initially with water or saline
   B. Remove smoldering clothing and jewelry
   C. Body substance isolation
   D. Continually monitor the airway
   E. Prevent further contamination
   F. Cover the burned area with a dry sterile dressing
   G. Do not use any type of ointment, lotion or antiseptic
   H. Do not break blisters
   I. Transport

       J. Know local protocols for transport to appropriate local facility

VI. Injuries to bones and joints

   A. Signs and symptoms
   B. Emergency medical care of bone or joint injuries

       1. Body substance isolation
2. Administer oxygen if indicated.
3. After life threats have been controlled, splint injuries in preparation for transport
4. Application of cold pack to reduce swelling
5. Elevate the extremity.
C. General rules of splinting
1. Assess pulse, movement, and sensation
2. Immobilize the joint above and below the injury
3. Remove or cut away clothing
4. Cover open wounds with a sterile dressing
5. Do not intentionally replace the protruding bones.
6. Splint the patient before moving

VII. Head and Spine Injuries
A. Mechanism of injury with a high index of suspicion
B. Signs and symptoms of Head and Spine injuries
C. Assessing the potential spine injured patient
1. Responsive patient
2. Unresponsive patient
3. Emergency Medical Care
D. Skull injury - signs and symptoms

VIII. Rapid Extrication
A. Indications
1. Unsafe scene
2. Unstable patient condition warrants immediate movement and transport
3. Patient blocks the EMT-B’s access to another, more seriously injured, patient.
4. Rapid extrication is based on time and the patient
B. Procedure
1. Cervical spine and manual immobilization
2. Cervical immobilization device / backboard

SPO: Students will describe the emergency medical care of the patient with an open soft tissue injury.

OUT-OF-CLASS ASSIGNMENTS: Reading assignment, test preparation 2-4 Hours

CONTENT: Module VI: Obstetrics, Infants, and Children
I. Normal Delivery
A. Pre-delivery considerations
1. Transport an expecting mother
2. Questions to ask
B. Precautions
1. Use body substance isolation.
3. Do not let the mother go to bathroom.
4. Recognize your own limitations
C. Delivery procedures
1. Apply gloves, mask, gown, eye protection for infection control
2. Have mother lie with knees drawn up and spread apart.
3. Elevate buttocks - with blankets or pillow.
4. Create sterile field around vaginal opening
5. When the infant’s head appears during crowning, place fingers on bony part of skull
6. What to do if the amniotic sac does not break
7. Umbilical cord
8. Support the head
9. Support the infant with both hands
10. As the feet are born, grasp the feet.
11. Wipe blood and mucus from mouth and nose
12. Wrap infant in a warm blanket and place on its side
13. Keep infant level with vagina until the cord is cut.
14. Assign partner to monitor infant and complete initial care of the newborn
15. Clamp, tie
16. Observe for delivery of placenta
17. Record time of delivery and transport
D. Vaginal bleeding following delivery
1. A 500 cc blood loss is well tolerated
2. With excessive blood loss, massage the uterus
E. Initial care of the newborn
1. Position, dry, wipe, and wrap newborn in blanket
2. Repeat suctioning
3. Assessment of infant
4. Stimulate newborn if not breathing.
F. Resuscitation of the newborn follows the inverted pyramid
1. Breathing effort
2. Heart rate
3. Color
II. Abnormal Deliveries
A. Prolapsed Cord
1. Size up
2. Initial assessment
B. Breech birth presentation
1. Newborn at great risk for delivery trauma
2. Delivery does not occur within 10 minutes
3. Emergency medical care
C. Limb presentation
1. Immediate rapid transportation upon recognition.
2. Place mother on oxygen.
D. Multiple births
1. Be prepared for more than one resuscitation.
2. Call for assistance.
E. Meconium
1. Do not stimulate before suctioning oropharynx
2. Suction
3. Maintain airway
F. Premature
1. Always at risk for hypothermia
2. Usually requires resuscitation
III. Medical Problems in Infants and Children
A. Airway obstructions
1. Partial airway obstruction -
2. Emergency medical care
B. Complete obstruction
1. No crying or speaking and cyanosis.
2. Clear airway
3. Attempt artificial ventilations
C. Respiratory emergencies
   1. Recognize difference between upper airway obstruction and lower airway disease
   2. Complete airway obstruction
   3. Emergency medical care
D. Cardiac arrest
   1. Steps of child CPR
   2. Steps of infant CPR
E. Seizures
F. Shock (hypoperfusion)
IV. Trauma in children
   A. Injuries are the number one cause of death in infants and children
   B. Blunt injury is most common
      1. The pattern of injury will be different from adults
      2. Falls from height, diving into shallow water - head and neck injuries
   3. Burns
   4. Sports injuries - head and neck
   5. Child abuse
C. Specific body systems
   1. Head
   2. Chest
   3. Abdomen
   4. Extremities
SPO: Students will review the steps to assist in the normal delivery of an infant.
OUT-OF-CLASS ASSIGNMENTS: Test preparation
2 Hours: Final

METHODS OF INSTRUCTION:
Class discussion, skills demonstration, skills test, written test

METHODS OF EVALUATION:
CATEGORY 1 - The types of writing assignments required:
Percent range of total grade: 10 % to 20 %
Written Homework
Reading Reports
CATEGORY 2 - The problem-solving assignments required:
Percent range of total grade: 15 % to 20 %
Homework Problems
Lab Reports
Quizzes
CATEGORY 3 - The types of skill demonstrations required:
Percent range of total grade: 40 % to 70 %
Class Performance/s
Performance Exams
CATEGORY 4 - The types of objective examinations used in the course:
Percent range of total grade: 15 % to 25 %
Multiple Choice
REPRESENTATIVE TEXTBOOKS:
n/a

ARTICULATION and CERTIFICATE INFORMATION
   Associate Degree:
   CSU GE:
   IGETC:
   CSU TRANSFER:
   Transferable CSU, effective 201070
   UC TRANSFER:
   Not Transferable

SUPPLEMENTAL DATA:
   Basic Skills: N
   Classification: I
   Noncredit Category: Y
   Cooperative Education:
   Program Status: 1 Program Applicable
   Special Class Status: N
   CAN:
   CAN Sequence:
   CSU Crosswalk Course Department: JFT
   CSU Crosswalk Course Number: 33
   Prior to College Level: Y
   Non Credit Enhanced Funding: N
   Funding Agency Code: Y
   In-Service: N
   Occupational Course: C
   Maximum Hours:
   Minimum Hours:
   Course Control Number: CCC000522374
   Sports/Physical Education Course: N
   Taxonomy of Program: 125000