

Firelands Regional Medical Center School of Nursing

Online Laboratory Document

2023

Please complete the following questions based on information given in the Lessons MCN Week 1 Lab tab. Submit to the MCN Online Lab Dropbox by **Wednesday at 0800**. Bring a copy of this document to lab on Wednesday to receive the answers.

Women's Health Questions

Online lab activity: Breast Self-Exam

Objectives: 1, 4, 5, 6

<https://www.youtube.com/watch?v=nkPR4ar1EQ4&t=19s>

Please follow the link. Watch the video and follow the steps on how to conduct a breast self-exam then answer the following questions:

1. What is a breast self-exam?

A breast self-exam is an screening method to detect lumps or masses in your breasts that could possibly be signs of breast cancer.

2. What position(s) should the client be in while performing a self-exam?

The patient should be standing facing a mirror with the hands on your hips and then raising your arms for the first part. The second part the patient should be laying supine with one arm behind your head.

3. What are two methods for palpating the breast tissue?

In a circular motion around the breast or up and down all the way across the breast.

4. What would the lump feel like compared to a lymph node?

A lump will feel abnormal like a pea or a marble.

5. How often should your client do a self-exam?

The patient should do this each month.

6. When should the client notify their healthcare provider about their self-exam?

If they feel any changes or anything abnormal in their breasts.

Pregnancy History Questions

Activity 1:

Laura is scheduled for her first prenatal visit today. She is 12 weeks gestation. She is a primigravida. What would her GTPAL be?

G 1

T 0

P 0

A 0

L 0

Her last menstrual period (LMP) was known to be November 7. According to Nagele's Rule what is her estimated date of delivery (EDD)?

August 14

The Fetal Heart Rate (FHR) is found using a hand-held Doppler. The FHR is 145. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?

This is a normal heart rate. The physician would not do anything because this is normal.

Activity 2:

Katie is scheduled for a prenatal visit today. She is 25 weeks gestation today. She has had three previous pregnancies, one preterm-living and well, one term-living and well, and one spontaneous abortion at six weeks gestation. What is her GTPAL?

G 4 T 1 P 1 A 1 L 2

Her LMP was last known to be January 12. According to Nagele's Rule, what is her EDD?

March 19

FHR is found with the hand-held Doppler. The FHR is 175. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?

This is an abnormal finding as the heart rate is tachycardic. I would anticipate the physician to administer medications to bring this down.

Activity 3:

Anna is scheduled for a prenatal visit today. She is 30 weeks gestation today. She has had four previous pregnancies, two preterm-living and well, two term-living and well, and no spontaneous abortion at six weeks gestation. What is her GTPAL?

G5 T2 P2 A0 L4

Her LMP was last known to be December 13. According to Nagele's Rule, what is her EDD?

September 20

FHR is found with the hand-held Doppler. The FHR is 110. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?

This a normal heart rate and the physician would not do anything with this information.

Activity 4:

Sara is scheduled for a prenatal visit today. She is 36 weeks gestation today. She has had five previous pregnancies, one preterm-living and well, two term-living and well, and two spontaneous abortion at six weeks gestation and 12 weeks gestation. What is her GTPAL?

G6 T2 P1 A2 L3

Her LMP was last known to be June 28. According to Nagele's Rule, what is her EDD?

March 5

FHR is found with the hand-held Doppler. The FHR is 95. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?

This is an abnormal heart rate indicating that the fetus is bradycardic. I would anticipate the physician to administer medications to speed up the heart rate.

Activity 5:

Emily is scheduled for a prenatal visit today. She is 18 weeks gestation today. She has had one previous pregnancy, no preterm, one term-living and well, and no spontaneous abortions. What is her GTPAL?

G2 T1 P0 A0 L1

Her LMP was last known to be August 5. According to Nagele's Rule, what is her EDD?

May 12

FHR is found with the hand-held Doppler. The FHR is 130. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?

This is a normal heart rate, and the physician would not do anything with this information.

Activity 6:

Debra is scheduled for a prenatal visit today. She is 29 weeks gestation today. She has had eight previous pregnancies, three preterm-living and well, two term-living and well, and three spontaneous abortions at six, eight, and 12 weeks gestation. What is her GTPAL?

G9 T2 P3 A3 L5

Her LMP was last known to be April 20. According to Nagele's Rule, what is her EDD?

January 27

FHR is found with the hand-held Doppler. The FHR is 160. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?

This is a normal heart rate and the physician would not do anything with this information.

Newborn Assessment of Fetal Well-Being (APGAR)

Directions: Review the information provided and answer the questions.

Activity 1:

Baby A. was born at 38 weeks gestation after 16 hours of normal labor and delivery. He was a ruddy pink in the head and chest, dusky hands and feet, active, and crying loudly with a respiratory rate of 50 and a heart rate of 160. Determine the APGAR Score with the information provided.

Heart Rate: 2

Respiratory Rate: 2

Muscle Tone: 2

Reflex Irritability: 2

Skin Color: 1

Activity 2:

Baby B. was born at 36 weeks gestation after 8 hours of normal labor and delivery. The baby's arms and legs are dusky with head and chest pink and baby has a weak cry. Arms and legs are flexed some but moving. Respiratory effort was slow to start but after suctioning the baby cried. The respiratory rate is now 60 and the heart rate is 150. Determine the APGAR Score with the information provided.

Heart Rate: 2

Respiratory Rate: 1

Muscle Tone: 2

Reflex Irritability: 1

Skin Color: 1

Activity 3:

Baby C. was born at 28 weeks gestation after the mother's water broke at home. A normal labor and delivery is noted. Baby's arms and legs are limp, and there is a weak cry. The baby's arms and legs are noted to be dusky in color, chest and head are pink. The respiratory rate is 20 and the heart rate is 80. Determine the APGAR Score with the information provided.

Heart Rate: 1

Respiratory Rate: 1

Muscle Tone: 0

Reflex Irritability: 1

Skin Color: 1

Activity 4:

Baby D. was born at 34 weeks gestation by and uneventful spontaneous, normal vaginal delivery. The baby's arms and legs are flexed, the baby is grimacing, and the baby has dusky arms and legs with chest and head pink in color. The respiratory rate is 45 and the heart rate is 170. Determine the APGAR Score with the information provided.

Heart Rate: 2

Respiratory Rate: 0

Muscle Tone: 1

Reflex Irritability: 1

Skin Color: 1

Postpartum and Newborn Discharge Education Lab Questions

POSTPARTUM

1. You are preparing discharge instructions for Gloria and Gary Scary. You are very busy and still need to schedule the doctors' visits as well as the lactation follow-up. With who would it be appropriate to delegate this task to?
A. Unlicensed Assistive Personnel C. CRNA
B. Charge Nurse **D. Lactation Consultant**
2. After reviewing Gloria's history, what is a potential complication she must watch out for?
A. **Postpartum depression** C. Mastitis
B. Urinary tract infection D. Placenta Previa
3. After giving Gloria her discharge instructions, you help her go through her room to gather items she has been using during her stay that she can also use at home. What items would you collect and send? (select all that apply)
A. Periwash bottle
B. Tucks pads
C. Lanolin cream
D. Dermaplast spray
E. Small bottle of hand sanitizer
F. Pamphlet on birth control after delivery

G. Pamphlet on postpartum nutrition

H. Water container

4. Write a brief description of why you chose these items to send home with Gloria.

All of these items are useful for a new mother on discharge. Both of the pamphlets are good information to increase her nutrition after delivery and the importance of birth control after delivery since it is much easier to get pregnant then. I chose the periwash bottle, dermaplast spray to help with pain and using the restroom. The lanolin cream is for cracked nipples as the mom starts breast feeding. The tucks pads are for any discharge or postpartum bleeding. The hand sanitizer is to keep you and the newborn healthy. Lastly the water pitcher to remain hydrated.

NURSERY (pg. 263-267 in text can help)

- In preparing to discharge Gary Scary to Gloria home, which statement made by Gloria requires further investigation by the nurse?
 - "The car seat faces the trunk."
 - "Gary is using my nephew's old car seat."
 - "I need to sleep when he sleeps."
 - "I need to keep his head covered."
- In teaching Gloria about umbilical cord care, you know she understands education when she makes which statement?
 - "I can put him in the shower with me."
 - "I can sponge bath him until the cord falls off."
 - "I can put rubbing alcohol all over the cord until it falls off."
 - "I can dry the cord after a bath with the hairdryer as long as it's on the lowest setting."
- In teaching Gloria about circumcision care, which of the following would be included? (Select all that apply)
 - Notify HCP if baby has not urinated.
 - Notify HCP if baby temp is greater than 37.8 axillary.
 - Notify HCP if there is discoloration of the penis.
 - Notify the doctor if the "yellow crust" cannot be washed off.
 - Notify the HCP if there is a blood spot in the diaper larger than 2".
- You are teaching Gloria how to use the bulb syringe. Which option lists the correct steps in using the bulb syringe?
 - Put the tip of the syringe into the nose and compress to remove air. Release the compression to provide suction and squeeze the mucous into a tissue.
 - Put the tip of the syringe into the nose and wait for it to fill with mucous. Then compress to squeeze the mucous out into the tissue.
 - Compress the syringe, and then gently place into a nostril. Release the compression to provide suction and squeeze the mucous into a tissue.
 - Do not use a bulb syringe. Instead have the infant blow his nose.

5. You are demonstrating how to trim baby Gary’s nails. You realize further teaching is needed when Gloria makes what statement?
 A. “I might cut his skin.” C. “I can use baby clippers or scissors.”
 B. “Apply a band aid on his finger if I cut it.” D. “I will trim to make rounded edges.”
6. Gloria is excited to breast feed. She describes herself as a very organized person and can’t wait to get Gary on a schedule. She has some questions though about breastfeeding. Based on the information given, what is most important Gloria understand about babies and feeding? (Select all that apply)
 A. Crying, rooting, and chewing on hands are hunger cues.
 B. Newborns that are breast fed should be fed every 5 hours.
 C. Newborns that are breast fed should be fed every 2-2.5 hours.
 D. Newborns need to eat “on demand”.
 E. Unless the healthcare provider states its necessary, the baby does not have to be woken up to feed.

Newborn Assessment Variations Matching

Directions: Identify what the picture is showing in a newborn assessment. Discuss what the finding means and if there is any associated interventions.

- | | | |
|-----------------|------------------|-------------------|
| Milia | Erythema Toxicum | Caput Succedaneum |
| Salmon Patch | Mongolian Spots | Palmar Crease |
| Port Wine Stain | Epstein’s Pearls | Cephalohematoma |
| Neonatal Teeth | Macroglossia | |

Letter	What is it?	What it means/Interventions
A	Caput Succedaneum	A swelling of the scalp of the newborn that crosses the suture line. It is caused by pressure from the uterus or vaginal wall during delivery. No treatment is needed; the swelling will decrease over a few days.
B	Cephalohematoma	Swelling on the head that does not cross the suture line. Can be caused by birth trauma that causes a rupture of blood vessels between the skull and periosteum. It may resolve over days or weeks as the blood is reabsorbed.
C	Erythema Toxicum	Rash appears on any part of the body except the palms and soles of the feet. It appears suddenly and disappears quickly, rarely lasting more than 7 days. Does not require medical attention or cause discomfort.
D	Port wine stain	It is made up of dilated skin capillaries. This lesion will not fade on its own, and laser surgery is the treatment of choice if parents want it

		removed.
E	Salmon Patch	
F	Mongolian Spots	Spots caused by melanocytes trapped deep in the skin, appear flat & bluish-gray or brown and located on the back or buttock. The presence of any should be documented in the medical record. No medical intervention required. Most spots disappear by age 2.
G	Epstein's Pearls	Cysts on the roof of the mouth or gums. The cysts contain trapped mucous membrane cells. They are not painful, and they disappear within a few weeks.
H	Macroglossia	Enlarged tongue that is a rare condition. Usually associated with other conditions. Treatments range from speech therapy to surgery.
I	Palmar Crease	A single crease on the newborns palm. This is often normal and does not need medical attention.
J	Neonatal Teeth	When the newborn is delivered with teeth. The physician may choose to remove these.

Thermoregulation Questions

Directions: Review the information provided and answer the questions.

Mini Case Scenario:

Baby Latashia's mom is a 17-year-old who arrived at the emergency room with c/o abdominal pain. This is her first pregnancy, and she did not receive any prenatal care. Latashia was born early by normal spontaneous vaginal delivery (NSVD) at 36 weeks gestation. She weighed 4.8 pounds and was 17 inches long.

1. When educating Latashia's mother about hypothermia, what information would you include about risk factors of hypothermia in her newborn?

The risk factors for hypothermia in the newborn include a large surface area-to-body mass ratio, decreased subcutaneous fat, greater body water content, Immature skin leading to increased evaporative water & heat losses, poorly developed metabolic mechanism for responding to thermal stress, and altered skin blood-flow.

2. What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?

Some signs and symptoms of hypothermia include acrocyanosis & cool, mottled, or pale skin, hypoglycemia, transient hyperglycemia, bradycardia, tachypnea, restlessness, shallow & irregular respirations, respiratory distress, apnea, hypoxemia, decreased activity, lethargy, hypotonia, feeble cry, poor feeding, and decreased weight gain.

3. List the 4 methods of heat loss and how they can occur in the newborn.

Evaporation: May be sensible (Sweating) or insensible (from skin & breathing). This is the greatest source of heat loss at birth.

Conduction: When the newborn is placed naked on a cooler surface.

Convection: When the newborn is exposed to cool surrounding air or to a draft from open doors, windows, or fans.

Radiation: When the newborn is near cool objects, walls, tables, cabinets, without being in contact with them.

4. What are the hazards of hypothermia?

Some hazards of hypothermia are neurological complications, hyperbilirubinemia, clotting disorders, and even death.

5. What are some interventions the nurse can implement to help prevent hypothermia in the newborn?

-The temperature of the delivery room should be at least 25C and free from the drafts from open windows, doors, or fans. Supplies needed to keep the newborn warm should be prepared ahead of time.

-Immediately dry the newborn after birth with a warm towel or cloth to prevent heat loss.

-While the newborn is being dried, place on the mother's chest or abdomen.

-Keep newborn warm while transporting

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

1. What care is provided to the penis after circumcision?

Use Vaseline or petroleum jelly on the penis and keeping it very clean.

2. What education should be provided to parents about what to expect post circumcision?

Around the third or fourth day the penis will be very red and swollen, this is normal. The infant will also get a yellow film around it which is like the scabbing process which is also normal. If there is an excessive amount of bleeding and doesn't stop with pressure you need to take him to the physician.

Infant Swaddling

1. Review video and handout online and be prepared to practice swaddling during lab.

Newborn Bath

1. Review video online and be prepared to practice bathing a newborn during lab.

Pediatric Pain Scale Questions

Please use the **NIPS pain scale** to determine the pain level and management options for the following patients.

Rose was delivered 16 hours ago. She is relaxed and is resting quietly in bed, sleeping for the past hour. Extremities are relaxed X four. Heart rate is within 10% of baseline and O2 saturation is 97% on room air.

According to the NIPS pain scale, what is Rose's pain level?

She has no pain.

What would our pain management options be for Rose?

She is not in any pain to manage

Bobby is a one-day-old infant. He is vigorously crying and intermittently holding his breath. All four extremities are tense and rigid. He is fussy and restless in his crib. His heart rate is 15% above baseline and he receiving 0.5L O2 via cannula to maintain O2 saturation above 95%.

According to the NIPS pain scale, what is Bobby's pain level?

8

What would our pain management options be at this level?

Narcotic intermittent bolus and consider narcotic drip.

Name 7 physiological effects of pain:

Tachycardia, Temperature changes, hypoxemia, blood pressure changes, pupillary dilation, increased intracranial pressure, pallor or flushing

Name 5 things we can do to prevent or minimize pain:

-Reduce number of needle punctures by drawing blood tests at one time if feasible

-Use indwelling venous or arterial catheters

-Avoid invasive monitoring when possible

-Select most competent staff to perform invasive procedures

-Use minimal amount of tape and remove tape gently

Using Rose's assessment, what would she score using the CRIES pain scale? **0**