

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 a way to detect abnormalities in your own breast.

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

The first position you should sit or stand in front of a mirror and look to see if there are any differences between breasts. Next you place your hands on your hips and lean forward. Followed by raising your arms above your head to check for lumps under the breasts. For the second part of the exam you want to be lying flat and put a head on a pillow to prop yourself up, while placing one arm behind your head.

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

You can go in a circular motion with 3 fingers around the breast or you can go up down all the way across.

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

Something that would feel like a pea, marble, or walnut.

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

The same time each month.

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

A client should notify their healthcare provider about their self-exam if something feels or looks different.

### 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 7<sup>th</sup>+ 7 days

EDD= August 14<sup>th</sup>

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?

The FHR being 145 is considered a normal finding, and I would not expect the physician to do anything with the information.

### 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?

October 12<sup>th</sup>+7 days= October 19<sup>th</sup>

EDD= October 19<sup>th</sup>

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?

The FHR being 175 is an abnormal finding, it is slightly elevated. The physician may monitor the heart rate for a longer period of time.

### 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?

G 5 T 2 P 2 A 0 L 4

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

September 13<sup>th</sup>+ 7 days= September 20<sup>th</sup>

EDD= September 20<sup>th</sup>

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?

The FHR being 110 is considered a normal finding, I would expect the physician not to 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?

G 6 T 2 P 1 A 2 L 3

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

March 28<sup>th</sup>+ 7 days= April 4<sup>th</sup>

EDD= April 4<sup>th</sup>

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?

A FHR of 95 is considered abnormally low (below 110), I would expect the physician to do further monitoring/testing.

### 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?

G 2 T 1 P 0 A 0 L 1

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

May 5<sup>th</sup>+ 7 days= May 12<sup>th</sup>

EDD= May 12<sup>th</sup>

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?

The FHR being 130 is considered normal, I wouldn't expect the physician to 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?

G 9 T 2 P 3 A 3 L 5

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

January 20<sup>th</sup>+7 days= January 27<sup>th</sup>

EDD= January 27<sup>th</sup>

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?

A FHR of 160 is considered normal, I wouldn't expect the physician to 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=dusky hands/feet                      APGAR= 9

### 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: 1

Reflex Irritability: 1

Skin Color: 1                                      APGAR= 6

### 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 **APGAR= 4**

#### **Activity 4:**

Baby D. was born at 34 weeks gestation by an 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: 1

Muscle Tone: 2

Reflex Irritability: 1

Skin Color: 1 **APGAR= 7**

## **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 whom 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.

I chose periwash bottle, tucks pads, and dermaplast spray because the hospital provides these and these items are essential for vaginal delivery healing. I chose the lanolin cream and pamphlet on nutrition because she is breastfeeding so proper nutrition is very important for her and her baby, the cream is to prevent cracking of the nipples. The others I chose because they are all important in the healing process and are important for the patient to take home.

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

1. In preparing to discharge Gary Scary to Gloria home, which statement made by Gloria requires further investigation by the nurse?
  - A. "The car seat faces the trunk."
  - B. "Gary is using my nephew's old car seat."
  - C. "I need to sleep when he sleeps."
  - D. "I need to keep his head covered."
  
2. In teaching Gloria about umbilical cord care, you know she understands education when she makes which statement?
  - A. "I can put him in the shower with me."
  - B. "I can sponge bath him until the cord falls off."
  - C. "I can put rubbing alcohol all over the cord until it falls off."
  - D. "I can dry the cord after a bath with the hairdryer as long as it's on the lowest setting."
  
3. In teaching Gloria about circumcision care, which of the following would be included? (Select all that apply)
  - A. Notify HCP if baby has not urinated.
  - B. Notify HCP if baby temp is greater than 37.8 axillary.
  - C. Notify HCP if there is discoloration of the penis.
  - D. Notify the doctor if the "yellow crust" cannot be washed off.
  - E. Notify the HCP if there is a blood spot in the diaper larger than 2".
  
4. You are teaching Gloria how to use the bulb syringe. Which option lists the correct steps in using the bulb syringe?
  - A. 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.
  - B. 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.



		anywhere on the body except palms of hands and soles of feet. Usually goes away on its own within 7 days, doesn't require treatment.
D	Port Wine Stain	Caused by dilated skin capillaries and is red/purple in color. They grow as the child grows, no intervention needed.
E	Salmon Patch	Pink in color and don't blanch when pressure is applied, it can darken when child cries, no intervention needed.
F	Mongolian Spots	Common in darker skinned newborns, they appear bluish-gray or brown in color and are caused by trapped melanocytes in the skin. Usually fades by age 2 and doesn't require treatment.
G	Epstein's Pearls	White papules located on the roof of the mouth and gums. They usually appear within a few weeks and don't require treatment.
H	Macroglossia	Abnormal enlargement of the tongue, some medications or surgeries can be used to treat.
I	Palmar Crease	A single crease that runs across the hand, it is usually normal but can sometimes be caused by a condition.
J	Neonatal Teeth	They appear within the first 30 days of life, they can either be removed so the child is not at risk for breathing in the tooth in the airway or the healthcare provider can decide on no treatment being needed.

## 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?

A large surface area- to body mass ratio, decreased subcutaneous fat, greater body water content, along with altered skin blood-flow can increase the risk for her newborn getting hypothermia.

2. What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?  
Some signs and symptoms of hypothermia to look for are acrocyanosis and cool, mottled, or pale skin. Along with hypoglycemia, bradycardia, respiratory distress, and decreased activity.

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

Evaporation can cause heat loss in a newborn when amniotic fluid evaporates from the skin. Conduction can also cause heat loss when the newborn is placed naked on a cooler surface. Convection can cause heat loss when the newborn is exposed to cool surrounding air or to a draft from open doors. Lastly, radiation can cause hypothermia when the newborn is near cool objects without actually being in contact with them.

4. What are the hazards of hypothermia?

It can cause the newborn to have increased cellular metabolism to try to stay warm which puts the newborn at risk for hypoxia., cardiorespiratory complications, and acidosis.

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

The temperature of the delivery room should be free from drafts, the nurse should immediately dry the newborn after birth with a warm towel or cloth to prevent heat loss from evaporation. Another way to prevent hypothermia is by initiating skin-to skin contact as soon as possible, and can be maintained while being transferred or assessed.

## **Newborn Circumcision Care Questions**

**Directions:** Review the information provided and answer the questions.

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

You will want to clean the area with a warm moist cloth, then cover gauze with Vaseline and place over the head of the penis with every diaper change.

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

The parents should be educated on the circumcision being beefy red in appearance, a yellow white exudate forms in 1-2 days. It is also important to apply the diaper loosely, change the diaper s soon as void happens, only clean with water, and if bleeding occurs apply pressure with gauze.

## **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?

Rose's pain level is a 0 according to the NIPS pain scale.

What would our pain management options be for Rose?

We would use non pharmacologic pain management for Rose. A few examples could be using pacifiers, swaddling, position changes, and decreasing environmental stimuli.

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?

According to the NIPS pain scale, Bobby's pain level is a 9.

What would our pain management options be at this level?

Our pain management options at this level would be pharmacologic interventions such as a narcotic intermittent bolus or narcotic drip.

Name 7 physiological effects of pain:

Tachycardia, increased oxygen consumption, decreased cerebrovascular autoregulation, temperature changes, reduced tidal volume, hypoxemia, and increased intracranial pressure.

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

We can prevent/minimize pain by reducing the number of needle punctures by drawing blood tests at one time if feasible, use indwelling venous or arterial catheters when appropriate, avoid invasive monitoring when possible, most competent staff to perform invasive procedures, use minimal amount of tape and remove tape gently, and ensure proper premedication before invasive procedures.

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

According to the CRIES pain scale, she would score a 0.