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

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

- What is a breast self-exam?
  - completed monthly by the patient themself, consists of palpation and visual assessement of their breasts as an early detection against breast cancer.
- What position(s) should the client be in while performing a self-exam?
  - standing, arms raised, on hips, slouched over, lying down with one hand under your head, and then the other hand/arm under your head.
- What are two methods for palpating the breast tissue?
  - using three fingers, go up and down, or left to right, overlapping areas as you advance to the next section
- What would the lump feel like compared to a lymph node?
  - lymph nodes can change size quickly depending on illness or immune response, lumps are slow growing. Lumps can be moved and manipulated while lymph nodes are more "attached" to surrounding tissue
- How often should your client do a self-exam?
  - every month, attempting to do the exam on the same day each month (day of their birthday, anniversary, etc.)
- When should the client notify their healthcare provider about their self-exam?
  - if there are any changes in size or shape of breasts, any detectable lumps, areas of dimpling or discoloration, any unusual discharge from the nipples

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 15th

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?

- normal finding, compare to trending, document and continue to monitor

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=2 P=2 A=1 L=4

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

- Sept 20th

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?

- abnormal and high, compare to trending, obtain moms vitals and compare including vital signs, temperature, and heart rate, possibly obtain ultrasound to verify doppler and exam baby. FSBS mom

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?

- Sept 20th

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?

- normal but lower, compare to trending and continue to monitor

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?

- April 4th

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?

- abnormal and low, compare to trending, obtain moms vitals and compare including vital signs, temperature, and heart rate, possibly obtain ultrasound to verify doppler and exam baby. FSBS mom, and rule out preeclampsia

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 12th

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?

- normal finding, compare to trending, document and continue to monitor

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?

- Jan 27th

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?

- normal but higher finding, compare to trending, document and continue to monitor

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
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 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
APGAR 5

Postpartum and Newborn Discharge Education Lab Questions

POSTPARTUM

- 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?
  - Unlicensed Assistive Personnel
  - C. CRNA
  - Charge Nurse
  - D. Lactation Consultant

- After reviewing Gloria's history, what is a potential complication she must watch out for?
  - Postpartum depression
  - C. Mastitis
  - Urinary tract infection
  - D. Placenta Previa

- 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)
  - Periwash bottle
  - Tucks pads
  - Lanolin cream
  - Dermaplast spray
  - Small bottle of hand sanitizer
  - Pamphlet on birth control after delivery
  - Pamphlet on postpartum nutrition
  - Water container

- Write a brief description of why you chose these items to send home with Gloria.
  - I chose to send all these items home with Gloria, because they have already been charged out ot her, and they are items that would be thrown away after discharge. The peribottle, tucks pads, and dermaplast spray would be for Glorias personal perineal care. The lanolin cream and water container would be beneficial for care if she chooses to breastfeed, ensuring her nipples aren't too chapped or painful, and she is receiving plenty of hydration to compensate for fluids lost during nursing. The pamphlet for birth control was indiciated as an interest Gloria wanted, and the pamphlet on nutrition helps to reinforce her personal self care.

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." C. "I need to sleep when he sleeps."
- "Gary is using my nephew's old car seat." D. "I need to keep his head covered."
    - I would clarify that Gloria intends to cover babies head with a cap, and not a blanket. I would also ensure her nephews old car seat is not expired, has not been in an accident, and is the appropriate size carseat for a newborn baby. The carseat should be clean, with all straps intact, without the smell of secondhand smoke.
- 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.

- You are demonstrating how to trim baby Gary's nails. You realize further teaching is needed when Gloria makes what statement?
    - "I might cut his skin." C. "I can use baby clippers or scissors."
    - "Apply a band aid on his finger if I cut it." D. "I will trim to make rounded edges."

- 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)
    - Crying, rooting, and chewing on hands are hunger cues.
    - Newborns that are breast fed should be fed every 5 hours.
    - Newborns that are breast fed should be fed every 2-2.5 hours.
    - Newborns need to eat "on demand".
    - 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

Salmon Patch

Port Wine Stain

Neonatal Teeth
Erythema Toxicum

Mongolian Spots

Epstein's Pearls

Macroglossia

Caput Succedaneum

Palmar Crease

Cephalohematoma

Letter	What is it?	What it means/Interventions
A	caput sucedaneum	swelling from pressure on the head from uterus or vaginal wall, no intervention necessary, will subside over time SUPERFICIAL DOES NOT CROSS SUTURE LINES
B	cephalohematoma	caused by birth trauma, rupture of blood vessels shows up a day or two after birth, will subside over a few days or weeks as the blood is reabsorbed.
C	erythema toxicum	newborn rash, normal finding and does not require intervention

D	port wine stain/nevus flammeus	does not blanch with pressure, will not fade on its own, laser surgery is treatment of choice if parents decide to remove it.
E	salmon patch/stork bite/nevus simplex	pink and blanches with pressure, no intervention, fades by 18 months
F	mongolian spots	not a bruise! common finding with darker skin, melanocytes trapped deep in skin, require no intervention, slowly fade over time
G	epstiens pearls milia	cysts formed by trapped keratin between the soft and hard palate, harmless and does not require intervention "baby acne" does not require intervention, will go away on its own
H	macroglossia	enlarged tongue, can be indicitive of Down's Syndrome
I	palmar crease	can be indicitive of Down's Syndrome or fetal alcohol syndrome, single crease along the palm instead of the more common 3 crease
J	neonatal teeth	have a weak root system, can fall out and lodge in airway, should be extracted.

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.

- When educating Latashia's mother about hypothermia, what information would you include about risk factors of hypothermia in her newborn?
    - preterm, low birth weight, lack of prenatal care
- What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?
- mottled, cool skin, blue extremeties, feeble cry, poor feeding, restlessness, irregular resperations

- List the 4 methods of heat loss and how they can occur in the newborn.
    - evaporation: amniotic fluid or water evaporates from baby (sensible loss- sweating, insensible loss-breathing and skin)
    - radiation: baby is near cold areas without touching a surface specifically
    - conduction: baby is placed on a cold surface, heat transfers from baby to cold surface
    - convection: exposed to cool air, fan or window drafts
- What are the hazards of hypothermia?
- increased O2 consumption, hypoxia, cardiopulmonary decline, acidosis, hypoglycemia, neurocomplications, death

- What are some interventions the nurse can implement to help prevent hypothermia in the

newborn?

- encourage skin to skin, breastfeeding if mom chooses, heating lamps after birth to evaporate amniotic fluid, swaddling, warm ambient room temperature. immediate drying, postpone bathing and weighing

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

- What care is provided to the penis after circumcision?
  - wrapped in petroluem gauze to reduce sticking to the diaper. home care includes gauze with a small amount of petrolem jelly
- What education should be provided to parents about what to expect post circumcision?
  - yellow crust is normal and to be expected, do not attempt to wash or pull it off. contact the doctor if there is a greater than 2" blood stain in the diaper or purrulent drainage, the baby cannot void or has a fever greater than 100F axillary

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?

- 0

What would our pain management options be for Rose?

- leave her alone, let her rest. pacifier or nursing if she gets fussy, skin to skin or swaddle

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, consider narcotic drip if bolus is not sufficent

Name 7 physiological effects of pain:

- increased O2 consumption
- tachycardia
- increased intercranial pressure
- pupils dilate
- decreased tidal volume
- BP changes (hyper or hypo)
- decreased cerebrovascular regulation

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

- premedicate before painful procedures
- competent experianced staff, especially with invasive procedures
- avoid invasive monitoring if able
- use appropriate equipment and small guages
- decrease needle punctures, obtain labs together if possible

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