

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 where an individual visualizes and feels the breast and surrounding tissues for any abnormalities.

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

For the looking portion you would stand in the upright position in front of a mirror. You will place your hands on your hips and then raise the arms above your head. Next you will lie down and place one hand behind your head.

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

Circular motion starting at the collar bone or up and down from one side of the breast to the other.

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

Abnormal and hard, it would feel like the size of a pea, marble or walnut.

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

Same time each month.

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

If anything abnormal is found your provider should be notified immediately.

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 14th.

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 FHR is within the normal range the physician would note this and continue to monitor the pregnancy as 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?
October 19th.

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 slightly above normal. Depending on if the mother has any preexisting conditions the provider may request an ultrasound. Or they may consider it normal and just monitor as needed.

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 21st.

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 is low side of normal. If everything for the pregnancy went well I would expect that the physician would just keep going as normal. If there were any concerns the physician would request an ultra sound of the fetuses heart.

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?
This finding is abnormal the physician would request and ultrasound.

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?
This is normal the physician would continue to monitor as needed.

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 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?
This is normal the physician would monitor as normal.

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: 1

Respiratory Rate: 1

Muscle Tone: 1

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: 0

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: 2

Muscle Tone: 2

Reflex Irritability: 2

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.

Periwash bottle to help with rinsing after using the bathroom since wiping will hurt her especially after having an episiotomy with repair. Tucks pads to help soothe the area of repair. Lanolin cream for sore nipples since she is breastfeeding. Dermoplast spray for healing vaginal area. Small bottle of hand sanitizer since infants are so susceptible to germs. Pamphlet on birth control because she was interested and this gives her options to look over. Postpartum nutrition to help with her healing and her daily needs for milk production. Water container because its very important to stay hydrated while breastfeeding and for healing.

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.
 - C. Compress the syringe, and then gently place into a nostril. Release the compression to provide suction and squeeze the mucous into a tissue.

- D. 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	Swelling from pressure on cervix, will resolve in a few days, no intervention needed.
B	Cephalohematoma	Collection of blood between skull and periosteum. Can contribute to jaundice but will resolve in several weeks or months.
C	Erythema Toxicum	Rash that appears suddenly all over except on hands and feet, will disappear in 7 days. No intervention necessary.
D	Port wine stain	Dilated skin capillaries, will grow with the child, no intervention needed.
E	Salmon patch	Present at birth, may darken when child cries, no intervention needed
F	Mongolian spots	Trapped melanocytes, will disappear by age 2, no treatment needed.
G	Epstiens pearls	White papuels that appear on the gums, will disappear in a few weeks, no treatment necessary.

H	macroglossia	Enlargement of the tongue, can be related to a genetic condition, treatments include medication, surgery, radiation, and orthodontic treatment.
I	Palmar crease	Crease in the palm of the hand, no treatment needed.
J	Neonatal teeth	infants born with teeth, no treatment 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?
Babies lose a lot of body heat because they do not have the body maturity like adults, they do not have fat to insulate, and they are unable to shiver to help regulate their body temperatures.
2. What signs and symptoms of hypothermia should Latashia’s mother look for in her newborn?
Signs the mother should watch for are bluish cool or pale skin, hypoglycemia, transient hyperglycemia, bradycardia, tachypnea, restlessness, shallow and irregular respirations, respiratory distress, apnea, hypoxemia, metabolic acidosis, 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.
4 methods of heat loss are: evaporation from breathing and the skin or sweating. Conduction where heat is absorbed by another surface from the infant. Convection, the infant is placed in a cool environment and heat is transferred to the air. Radiation happens when the infant is placed next to something cold.
4. What are the hazards of hypothermia?
Hypotension and dehydration happen from loss of water. Seizures and apnea occur from high core temperatures. And hypernatremia.
5. What are some interventions the nurse can implement to help prevent hypothermia in the newborn?
A nurse can implement a warm delivery room, immediately drying the newborn to prevent evaporation. Skin to skin contact to help keep heat. Postpone weighing and bathing the newborn. Appropriately dressing the infant and using blankets. Warm transportation and assessments, this includes using warm rooms and warm tables. Also making sure everyone is properly informed about the need to keep the infants warm.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

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

Clen area with warm water, keep Vaseline covered gauze over the head of the penis, change diaper immediately after urination,

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

What to monitor for bleeding, redness, urination issues, swelling, infection. Also is the string and ring are used that they need to stay in place for 3-14 days.

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?

Pacifier, swaddling / holding, decreased environmental stimuli, soothing, and comfort measures.

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?

9

What would our pain management options be at this level?

Narcotic intermittent bolus, and consider a narcotic drip.

Name 7 physiological effects of pain:

Tachycardia, changes in temperature, increased O₂ consumption, reduced tidal volume, prolonged catabolism, increased or decreased blood pressure, hypoxemia.

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

Reduce needle punctures, use indwelling venous or arterial catheter when necessary, avoid invasive monitoring, select most competent staff to perform invasive procedures, minimal amount of tape, remove gently, ensure proper premedication before invasive procedures.

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