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 when you inspect your own breast to find lumps or abnormalities to detect breast cancer early.

2. What position(s) should the client be in while performing a self-exam?
   You want to stand or sit in front of mirror with clothes off to see if there is a difference between the two. Examine the nipples and compare to see if there are any differences. You want to put hands on hips and turn to see if there is a difference in breast on the sides. Stand and push shoulder forward to see if lumps are there, this can help show lumps that cannot appear to plan site. Raise both arms to see puckering or dimpling to see mass around nipple

3. What are two methods for palpating the breast tissue?
   Use first 3 fingers, laying down, and rotate in a circular motion all around the breast. You can also move in an up and down movement to feel all along the breast.

4. What would the lump feel like compared to a lymph node?
   You are looking for things that feel different then the surrounding tissue. Something that could feel like a pea or walnut.

5. How often should your client do a self-exam?
   The examination should be done once a month around the same time each month.

6. When should the client notify their healthcare provider about their self-exam?
   Should notify if there are any changes around breast or even by axillary.

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?

G1 T1 P0 A0 L0

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?

FHR is normal for a fetus. The doctor should expect a healthy fetus thus far.

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?

G3 T1 P1 A1 L2

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

October 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?
FHR is slightly elevated so is abnormal. The high FHR means that the fetus could possibly be in distress. The physician might do more testing and monitoring to ensure the fetus is healthy.

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 4 T 2 P2 A0 L4

Her LMP was last known to be December 13. According to Nagele's Rule, what is her EDD?
September 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?
This is a normal FHR. Physician needs to watch to make sure it does not go any lower but overall healthy fetus.

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?

G5 T2 P1 A2 L3

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?
95 is low for a FHR. The physician should monitor.

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?

G1 T1 P0 A0 L1

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?
130 is a normal FHR. Physican should anticipate a healthy baby.

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?

G8 T2 P3 A3 L5

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?
The FHR is normal for the fetus. Healthy baby but will 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: 2

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: 2

Skin Color: 2

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: 2

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: 1

Muscle Tone: 2

Reflex Irritability: 1

Skin Color: 2

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
B. Urinary tract infection
C. Mastitis
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.

   The small bottle of hands sanitizer was given to use before and after breast feeding. I would also give it because she did not receive a flu shot so I would recommend using before touching the baby.

   The periwash and dermaplast spray would be used for her Episiotomy she had done. The periwash will help keep the incision clean and the spray with help with burning and pain at the site.

   The tucks pads are for her hemorrhoids she is complaining of. The pads will help with the pain and hopefully get rid of the hemorrhoids faster.

   The lanolin cream is for her nipple because she is breast feeding the nipples can become chapped and sore we want to give this to help relieve that.

   I would give the pamphlet on nutrition just because she is breast feeding so the baby will be getting his nutrition from his mother. I would also give this because she is complaining of edmea in her lower extremity so this could help with that as well.

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.”
   B. “Apply a band aid on his finger if I cut it.”
   C. “I can use baby clippers or scissors.”
   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 of the scalp of a newborn, caused by pressure from the uterus or vaginal delivery Intervention: no treatment needed the swelling will decrease over a few days
B	Cephalohematoma	- Swelling on the head that does not cross the suture line. Caused by birth trauma that ruptures the blood vessels between skull and periosteum Intervention: will resolve on own over days or weeks as the blood is reabsorbed
C	Erythema Toxicum	- rash appears on any part of the body except the palms and the soles of the feet Intervention: does not require any medical treatment
D	Port Wine Stain	- present at birth and grows with the child. The birthmark is not raised and does not blanch if pressure is applied intervention: this lesion will not fade on its own and laser surgery is the treatment of choice if the parents desire to have it removed
E	Salmon Patch	- pink and color and does not blanch when pressure is applied intervention: no treatment is required and usually fades by 18 months of age
F	Mongolian Spots	- caused by melanocytes trapped deep in the skin intervention: none
G	Epstein's Pearls	- this contain trapped mucus membrane cells usually found in the midline of the palate intervention: usually disappear within a few weeks
H	Macroglossia	- tongues that are larger than typical, given the size of their mouths - Most people are born with macroglossia that can be linked to conditions such as Beckwith-Wiedemann syndrome or Down syndrome
I	Palmar Crease	- Distinct lines that form creases appear on the palms of the hands and soles of the feet - Normal to form joints
J	Neonatal Teeth	- The cause of natal teeth is unknown. Natal teeth may be more likely to occur in children with certain health problems that affect growth

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?
   Some risk factors would for hypothermia for a newborn are decrease in subcutaneous fat, a greater body water content, Immature skin leading to increased evaporative water and 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?
   Signs and symptoms to look for are Acrocyanosis and cool, mottled, or pale skin, Hypoglycemia, Transient hyperglycemia , Bradycardia, and 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.
   Evaporation – when amniotic fluid evaporates from the skin
   - losses can be sensible or insensible
   Conduction - when the newborn is placed naked on a cooler surface, such as table, scale, cold bed
   Convection - when the newborn is exposed to cool surrounding air or to a draft
   Radiation - when the newborn is near cool objects, walls, tables, cabinets, without actually being in contact with them

4. What are the hazards of hypothermia?
   Hypotension and dehydration and seizures with apnea.

5. What are some interventions the nurse can implement to help prevent hypothermia in the newborn?
   One thing a nurse can do is adjust the environmental conditions. The nurse should monitor temperature every 15-30 minutes to ensure the temp is either raising or lowering.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

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

- For a few days the penis is wrapped in gauze with a dab of petroleum jelly to keep from sticking to diaper

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

- Do not remove or try to wash off the yellow crust that forms
- Give sponge baths until healing is complete
- Keep penis clean and dry
- Call HCP if….
    - Discoloration of penis
    - Discharge from penis or surgical site
    - A spot of blood in diaper larger then 2 inches
    - Lack of urination
    - Fever greater then 37.8 Celsius

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 is scoring 0, mild on the NIPS pain sclae.**

What would our pain management options be for Rose? **I would say there is no pain management needed at this time.**

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 so severe pain on the NIPS scale.**

What would our pain management options be at this level? **A narcotic intermittent bolus or a narcotic drip.**

Name 7 physiological effects of pain:
- Tachycardia
- Temperature changes
- pupillary dilation
- pallor, or flushing
- hypoxemia
- release of catecholamines
- reduced tidal volume

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 when appropriate
-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**