

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?

Looking and feeling for any abnormalities in your breast/breast tissue.

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

Stand or sit in front of a mirror. Put hands on hips and turn side to side as well as lean forward to observe for any lumps. Also, raise arms above the head. Second part of the self-examine, lay down with one arm behind head and palpate breast tissue alternate this for both breasts.

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

Lying flat on back with one arm behind the head using three fingers together palpating the breast (this keeps the breast tissue together) in a circular motion overlapping the entire breast. The other method is, up and down all the way across the breast. Both methods include palpating the underarm

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

Something like a pea or a marble.

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

Monthly.

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

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?

G1 T0 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?

It is a normal finding; normal FHR is 110-160 bpm.

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?

G4 T1 P1 A1 L2

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 an abnormal finding as it is slightly elevated. The physician may monitor mom and baby more closely such as mothers VS including BP/HR, and order NSTs to be completed to ensure stress is not being placed on fetus.

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 20th

Elizabeth McCloy

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?

It is a normal finding; normal FHR is 110-160 bpm.

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 abortions 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?

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 is abnormal; The physician may monitor mom and baby more closely such as mothers VS including BP/HR, and order NSTs to be completed to ensure stress is being placed on fetus. Also, fluids for mother may be ordered as well to help increase FHR.

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 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?

It is a normal finding; normal FHR is 110-160 bpm.

Elizabeth McCloy

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 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?

It is a normal finding; normal FHR is 110-160 bpm.

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.

APGAR: 9

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.

APGAR: 6

Heart Rate: 2

Elizabeth McCloy

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.

APGAR: 3

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.

APGAR: 7

Heart Rate: 2

Respiratory Rate: 2

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
 - B. Charge Nurse
 - C. CRNA
 - 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.**

Periwash bottle, to help with cleaning and pain relief from episiotomy repair. Tucks pads, dermaplast spray all to help aid in pain relief from vaginal delivery and episiotomy repair. Lanolin cream to help with breast soreness from breastfeeding, and the hand sanitizer to remain clean while breastfeeding. Also, the pamphlet on birth control after delivery since she expressed interest on birth control pills.

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.

Letter	What is it?	What it means/Interventions
A	Caput Succedaneum	Edema under the scalp, is caused by pressure over the presenting part of the newborn's head against the cervix during labor. Caput feels soft and spongy, crosses suture lines, and resolves within a few days.
B	Cephalohematoma	Common finding following vaginal delivery. It is a collection of blood between the skull and periosteum, which causes a distinct swelling on the newborn head. Clearly demarcated edges and are restricted by suture lines. Common locations are the occipital and parietal bones. If large, they can contribute to hyperbilirubinemia and jaundice but in general will resolve in several weeks or months.
C	Erythema Toxicum	Also known as the newborn rash appears a macular rash that may have papules and vesicles. Appears anywhere on body except palms of hands and soles of feet. It appears suddenly and usually disappears within 7 days. Does not require special treatment.
D	Port Wine Stain	Dilated skin capillaries and is red to purple in color. They are present at birth and grow as the child grows
E	Salmon Patch	Nevus simplex are pink in color and do not blanch when pressure is applied. May darken when child cries. Often referred to as a stork bite or salmon patch when occurring on the nape of the neck and angle kisses when occurring on the face.
F	Mongolian Spots	Trapped melanocytes in the skin, usually completely fades away by age 2. No treatment required.
G	Epstein's Pearls	White papules located on the roof of the mouth and gums. They usually disappear within a few weeks of appearing and do not require any treatment
H	Macroglossia	Enlarged tongue. Treatment can be corticosteroids, or surgical.
I	Palmar Crease	Palms of the hands should have creases. An absence of creases could indicate a motor defect.
J	Neonatal Teeth	Teeth evident at birth. No interventions required if neonatal teeth remain asymptomatic or do not interfere with feedings.

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?

Lack of prenatal care, low birth weight, larger surface area-to-body mass ratio.

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

Decreased activity/lethargic, feeble cry/poor feeding, pale skin, respiratory distress, 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. Evaporative losses may be insensible or sensible. Other factors that contribute to evaporative loss are the newborn surface area, vapor pressure and air velocity. This is the greatest source of heat loss at birth.

Conduction: When the newborn is placed naked on a cooler surface, such as table, scale, cold bed. The transfer of heat between two solid objects that are touching, is influenced by the size of the surface area in contact and the temperature gradient between surfaces.

Convection: When the newborn is exposed to cool surrounding air or to a draft from open doors, windows or fans, the transfer of heat from the newborn to air or liquid is affected by the newborns large surface area, air flow and temperature gradient.

Radiation: When the newborn is near cool objects, walls, tables, cabinets, without being in contact with them. The transfer of heat between solid surfaces that are not touching. Factors that affect heat change due to radiation or temperature gradient between the two surfaces, surface area of solid surfaces or distance between solid surfaces. This is the greatest source of heat loss after birth.

4. What are the hazards of hypothermia?

Hypoxia, cardiorespiratory complications, acidosis, hypoglycemia, neurological complications, hyperbilirubinemia, clotting disorders, and even death.

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

Warm delivery room, immediate drying, skin-to-skin contact, breastfeeding, postpone weighing and bathing, appropriate clothing/blanket, mother, and newborn together, warm transportation, warm assessment (if newborn not skin to skin with mother), training and raising awareness.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

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

The area is cleansed with a warm moist cloth, and then covered by gauze with Vaseline on it and place overhead of penis.

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

As the penis begins to heal from the circumcision typically around the 3rd-4th day the penis can become red and swollen which is normal. Yellow film will also start to form around the area, and this is like the scabbing process, this is normal.

Apply diaper loosely, change diaper immediately after voiding, change Vaseline gauze with each diaper change (if gauze is stuck moisten with warm water). Clean wound with warm water. Do you not remove or try to wash off the yellow crust that forms it is not a sign of infection. Give sponge baths until healing is complete. Keep the penis clean and dry. Call the doctor if discoloration of the penis, discharge from the penis or surgical site that includes pus, a spot of blood in the diaper larger than two inches, lack of urination, a fever greater than 100° F axillary, or baby cannot be soothed, or calm occurs.

Infant Swaddling

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

Newborn Bath

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

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? Nonpharmacological, continue with current comfort measures and reassess pain scale and next interval.

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?

Pharmacologic method, narcotic intermittent bolus, consider narcotic drip.

Name 7 physiological effects of pain:

Tachycardia, temperature changes, blood pressure changes (↑or ↓), pallor/flushing, abnormal respirations, pupillary dilation, hypoxemia.

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.
- Ensure proper premedication before invasive procedures.

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