

Firelands Regional Medical Center School of Nursing

Online Laboratory Document

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Fall 2024

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 exam is a self-conducted examination to detect any abnormalities on the breasts such as bumps, lumps, hardened areas, or abnormal discoloration. This exam can be critical for early detection of breast cancer.
- 2. What position(s) should the client be in while performing a self-exam?** There are two components of a breast exam, to look and to feel. The first position is to stand or sit in front of a mirror without any clothes. You will examine the breasts and the nipples. Then you place your hands on your hips, turn from side to side, lean forward, and raise your arms, to bring out any hidden lumps. In the second part of the exam, you will lay supine with one arm behind your head, take your second hand, and use three fingers to palpate the breasts in a circular or vertical motion.
- 3. What are two methods for palpating the breast tissue?** While lying supine, you will take three fingers and palpate in a circular motion around each breast making sure to overlap each area. A second method is to palpate vertically, going from up and down.
- 4. What would the lump feel like compared to a lymph node?** When doing a breast examination, you will want to look for things that feel different from the surrounding tissue, something that stands out. The lump may feel like a pea, walnut, or marble.
- 5. How often should your client do a self-exam?** The client should conduct a self-exam at the same time each month.

6. **When should the client notify their healthcare provider about their self-exam?** The client should alert their healthcare provider if they note any changes in their breasts or any abnormalities.

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 (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- **Normal**/Abnormal Intervention- Yes/**No**

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 (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- Normal/**Abnormal** Intervention- **Yes**/No

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 20th.

FHR is found with the hand-held Doppler. The FHR is 110. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- Normal/Abnormal Intervention- Yes/No

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 5th

FHR is found with the hand-held Doppler. The FHR is 95. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- Normal/Abnormal Intervention- Yes/No

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 (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- **Normal**/Abnormal

Intervention- Yes/**No**

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 (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- **Normal**/Abnormal

Intervention- Yes/**No**

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 Effort: 2

Muscle Tone: 2

Reflex Irritability: 2

Skin Color: 1

Score: 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 Effort: 1

Muscle Tone: 1

Reflex Irritability: 2

Skin Color: 1

Score: 7

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 Effort: 1

Muscle Tone: 0

Reflex Irritability: 1

Skin Color: 1

Score: 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 Effort: 1

Muscle Tone: 1

Reflex Irritability: 1

Skin Color: 1

Score: 6

Postpartum and Newborn Discharge Education Lab Questions

POSTPARTUM (pg. 216-222 in text may be helpful)

1. You are preparing discharge instructions for Stella and Leopold. As the primary nurse, what vaccines would you recommend Stella's family and friends receive to keep Leopold healthy
 - A. **MMR**
 - B. Tdap
 - C. Hep B
 - D. Meningitis
2. Stella states she is having pain 6/10 in her perineal area. What medication would be recommended for her pain?
 - A. Vicodin
 - B. Dilaudid
 - C. **Ibuprofen**
 - D. Percocet
3. After giving Stella 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. Tampons
 - C. Pamphlet on sedentary lifestyle
 - D. **Anesthetic spray**
 - E. **Small bottle of hand sanitizer**
 - F. **Pamphlet on birth control after delivery**
 - G. Medication order for loperamide
 - H. **Water container**
4. As you are going through the discharge instructions for Stella, she asks when would be appropriate to call her healthcare provider. You advise her that she should notify the healthcare provider if which of the following occurs?
 - A. Temperature 37.5°C
 - B. **Increased vaginal bleeding**
 - C. Passing dime sized clots
 - D. **Increased abdominal pain**
 - E. **Increased discharge from incisions (c/section or episiotomy)**
 - F. **Foul smelling lochia**

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

1. In preparing to discharge Leopold home with Stella, which statement made by Stella requires further investigation by the nurse?
 - A. **"The car seat faces the trunk."**
 - B. "The car seat is buckled in."
 - C. "I need to sleep when he sleeps."
 - D. "I will be home in 2 weeks."

- B. "Leopold is using my nephew's old car seat." D. "I need to keep his head covered."
2. In teaching Stella 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 need to sponge bath him until the cord falls off."
C. "I can put antimicrobial cream all over the cord until it falls off."
D. "I can dry the cord after a bath with the hairdryer as long as its on the lowest setting."
3. In teaching Stella 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" is not able to be washed off.
E. Notify the HCP if there is a blood spot in the diaper larger than 2".
4. You are teaching Stella 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 Leopold's nails. You realize further teaching is needed when Stella makes what statement?
- A. "I will have him wear cuffed, long sleeved onesies."
B. "I can use baby clippers or scissors."
C. "Apply a bandaid on his finger if I cut it."
D. "I will trim to make rounded edges."
6. Stella has some questions about breastfeeding. Based on the information given, what is important to educate her on about breastfeeding? (Select all that Apply)
- A. Crying, rooting, and chewing on hands are hunger cues.
B. Getting Leopold on a regular schedule should be an easy process.
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 have to be woken up to feed.

H	Macroglossia	Newborn's tongue large and protruding from mouth. Present at birth, tongue that's larger than normal in proportion to the rest of the mouth, and it can interfere with feeding. Interventions include the use of sclerosing agents, cautery, or other forms of soft tissue destruction.
I	Palmar Crease	A single line noted that runs the length of the palm, People most often have 3 creases in their palms. An infant with a single palmar crease may have other symptoms and signs that define a specific syndrome or condition.
J	Neonatal Teeth	Teeth that are present at birth, perform regular dental evaluation to ensure neonatal teeth are not causing issues, and ensure the teeth stay clean to prevent infections.

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?

The following characteristics put newborns at a greater risk of heat loss:

- A large surface area-to-body mass ratio
- Decreased subcutaneous fat
- Greater body water content
- Immature skin leading to increased evaporative water and heat losses
- Poorly developed metabolic mechanism for responding to thermal stress (e.g. no shivering)
- Altered skin blood-flow (e.g. peripheral cyanosis)

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

- Acrocyanosis and cool, mottled, 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
- Decreased weight gain

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

1. **Evaporation:** when amniotic fluid evaporates from the skin. Evaporative losses may be insensible (from skin and breathing) or sensible (sweating). Other factors that contribute to evaporative loss are the newborn's surface area, vapor pressure and air velocity. This is the greatest source of heat loss at birth.
2. **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.
3. **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 newborn's large surface area, air flow (drafts, ventilation systems, etc), and temperature gradient.
4. **Radiation:** when the newborn is near cool objects, walls, tables, cabinets, without actually being in contact with them. The transfer of heat between solid surfaces that are not touching. Factors that affect heat change due to radiation are temperature gradient between the two surfaces, surface area of the solid surfaces and distance between solid surfaces. This is the greatest source of heat loss after birth

4. What are the hazards of hypothermia?

Increased cellular metabolism takes place as the newborn tries to stay warm, leading to increased oxygen consumption, which puts the newborn at risk of hypoxia, cardiorespiratory complications, and acidosis.

These newborns are also at risk for hypoglycemia because of the increased glucose consumption necessary for heat production.

Neurological complications, hyperbilirubinemia, clotting disorders, and even death may result if the untreated hypothermia progresses

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

The ten steps of the "warm chain":

- Warm delivery room, immediate drying, skin-to-skin contact, breastfeeding, postponing weighing and bathing, appropriate clothing/blankets, mother and newborn together, warm transportation, warm assessment if the newborn is not skin to skin with mother, and 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?

- For a few days, wrap the penis in a small amount of gauze with a dab of petroleum jelly to keep it from sticking to the diaper.
- Do 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 and the “ring” falls off, if a Plastibell® appliance was used.
- Keep the penis clean and dry.

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

A small amount of blood-tinged drainage may be noted on the diaper after the procedure, and a yellow crust may form on the circumcision site. Document when the newborn urinates for the first time after a circumcision.

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? A zero

What would our pain management options be for Rose?

Non Pharmacologic (primary method) = Pacifiers, sucrose, hand-to-mouth, non-nutritive sucking. Whiskey nipple, Swaddling, nesting, holding, Position changes, correct positioning for procedures. Decrease environmental stimuli (light, noise, abrupt movements). Decreased handling with rest periods between procedures. Comfort measures noted to be effective with individual neonate. Soothing vocalizations, recorded intrauterine sounds.

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

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: (primary method) = Narcotic intermittent bolus or consider narcotic drip.

Name 7 physiological effects of pain:

1. Tachycardia
2. Blood pressure changes (↑ or ↓)
3. ↑ O2 consumption -Hypoxemia
4. ↓ cerebrovascular autoregulation
5. ↑ intracranial pressure
6. Temperature changes
7. Pallor, flushing
8. Reduced tidal volume
9. Abnormal respirations
10. Prolonged catabolism

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

1. Reduce number of needle punctures by drawing blood tests at one time if feasible.
2. Use indwelling venous or arterial catheters when appropriate.
3. Avoid invasive monitoring when possible.
4. Select the most competent staff to perform invasive procedures.
5. Use minimal amount of tape and remove tape gently.
6. Ensure proper premedication before invasive procedures.