

Firelands Regional Medical Center School of Nursing

Online Laboratory Document

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?  
I breast self-exam is an exam that a woman can conduct at home on themselves in order to detect any lumps or masses that could be harmful.
2. What position(s) should the client be in while performing a self-exam?  
Standing or sitting, and laying down supine.
3. What are two methods for palpating the breast tissue?  
Taking your three fingers and going around the breast inward or going up and down across.
4. What would the lump feel like compared to a lymph node?  
A lump would feel different from the surrounding tissue like a pean, marble, or walknut.
5. How often should your client do a self-exam?  
You should self-exam once a month on the same day.
6. When should the client notify their healthcare provider about their self-exam?  
You should notify your doctor immediately when you notice a change in your breasts.

## 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 14

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 19

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 20

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 4

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 12

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 27

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: 2

Skin Color: 1

**Score: 5**

**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. "Leopold 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 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.

### 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	This is swelling affecting the newborns scalp. No intervention needed as this will go away on its own.
B	Cephalohematoma	This is an accumulation of blood under the newborns scalp. No intervention needed as this will go away within a few months.
C	Erythema Toxicum	Appears within the first few hours to first day and it is redness on the baby's body. There is not treatment for this as it will go away on its own.
D	Port Wine Stain	These are caused by an abnormal growth of blood vessels causing the skin to turn red. Often there is not needed treatment however, laser therapy can be helpful with removal.

E	Salmon Patch	This is a cluster of red-purple blood vessels such as capillaries that appear on the back of the head or neck. No treatment is necessary for these and they almost always go away within 1-2 years.
F	Mongolian Spots	This is caused by dermal melanocytosis. What this means is that there is an accumulation of melanocytes in deeper layers of the skin giving it that darker color. No treatment is needed as most of them will disappear with age, however, lasers may be used and they could also be a sign of an underlying disorder.
G	Epstein's Pearls	This is small pearl like bumps that appear on the gums of newborns. There is no clear cause as to why these appear and they will normally shed within a few weeks to months since no treatment is required.
H	Macroglossia	This is when a baby has a larger tongue than what is considered normal. In many cases, macroglossia occurs secondary to another disorder such as down syndrome. In most cases, macroglossia will resolve itself with age and growth, in other cases surgery will be needed.
I	Palmar Crease	A palmar crease occurs in 1 out of every 30 people, but it can be associated with conditions such as fetal alcohol syndrome, down syndrome, or aarskog syndrome. There is no treatment for this.
J	Neonatal Teeth	This is when the baby grows in their teeth within the first 30 days of life. Depending on what the child dentist wants to do will determine if treatment is needed. If the root is not fully developed then they may want to remove them to lower the risk of breathing in the tooth.

### 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?
  - a. A risk factor would be that Latisha was born early so her skin may not be fully developed which can also contribute to heat loss. Another factor would be her body weight being so low she is also at risk for hypothermia.

2. What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?
  - a. Pale skin, bradycardia, tachypnea, restlessness, shallow irregular respirations, apnea, 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.
  - a. Evaporation: When amniotic fluid evaporated from the skin.
  - b. Conduction: When the newborn is placed on a cooler surface while naked.
  - c. Convection: When the newborn is exposed to cool surrounding air or a draft from open doors, fans, winddown, etc. or a liquid.
  - d. Radiation: When the newborn is near cool objects such as walls, tables, cabinets and is decreasing temperature without actually touching them.
  
4. What are the hazards of hypothermia?
  - a. This can lead to hypoglycemia due to increases glucose use in order to maintain temperature. This can also lead to metabolic acidosis due to increased need for oxygen and increased respiratory rate.
  
5. What are some interventions the nurse can implement to help prevent hypothermia in the newborn?
  - a. A "warm chain" can help to keep the baby warm within the first few hours to days after birth. Overhead heaters can be used to warm up the baby by placing them under it. Heated mattresses and incubators can also be used to keep the baby warm.

### **Newborn Circumcision Care Questions**

**Directions:** Review the information provided and answer the questions.

1. What care is provided to the penis after circumcision?
  - a. With the use of Vaseline or petroleum jelly, apply "gobs" of it to the end of the penis in order to prevent it from sticking to the babies diaper.
  
2. What education should be provided to parents about what to expect post circumcision?

- a. Expect on the 3 or 4 day for the penis to be very red and that this is normal. There will be a yellow film which is normal like a scabbing process. Excessive bleeding should be seen by the physician.

### **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?

0/10

What would our pain management options be for Rose?

You could give her a pacifier or hold her, however she is experiencing no pain.

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

0 because she is not crying.

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?

7/10

What would our pain management options be at this level?

**Management would be with the use of a narcotic intermittent bolus or a narcotic drip.**

Name 7 physiological effects of pain:

1. Tachycardia
2. Increased O<sub>2</sub> consumption
3. Temperature changes
4. Pallor/flushing
5. Blood pressure changes
6. Hypoxemia
7. Abnormal respirations

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 possible
2. Avoid invasive monitoring when possible
3. Select most competent staff to complete invasive procedures
4. Use minimal tape and remove gently
5. Ensure proper premedication before invasive procedures