

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?

Looking and feeling for any signs of breast cancer in the breasts by using your fingers.

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

Hands on your hips and turn, raised arms, and lying down while one arm is behind your head.

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

Using three fingers together going in a circular motion on the breast or up and down straight across the breast.

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

A pea, marble, or walnut.

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

Same day each month.

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

If anything abnormal is felt – like a lump.

## 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)?

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?

G4                      T1                      P1                      A1                      L2

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

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?

G5                      T2                      P2                      A0                      L4

Her LMP was last known to be December 13. According to Nagele's Rule, what is her EDD?

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?

G6 T2 P1 A2 L3

Her LMP was last known to be June 28. According to Nagele's Rule, what is her EDD?

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?

G2 T1 P0 A0 L1

Her LMP was last known to be August 5. According to Nagele's Rule, what is her EDD?

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?

G9 T2 P3 A3 L5

Her LMP was last known to be April 20. According to Nagele's Rule, what is her EDD?

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: 160

Respiratory Effort: 50

Muscle Tone: active

Reflex Irritability: crying

Skin Color: ruddy pink and dusky

**Score:** 10

### **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: 150

Respiratory Effort: 60, slow

Muscle Tone: arms and legs are flexed some but moving

Reflex Irritability: weak cry

Skin Color: dusky and pink

**Score:** 8

### **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: 80

Respiratory Effort: 20

Muscle Tone: arms and legs are limp

Reflex Irritability: weak cry

Skin Color: dusky and pink

**Score: 6**

**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: 170

Respiratory Effort: 45

Muscle Tone: arms and legs flexed

Reflex Irritability: grimacing

Skin Color: dusky and pink

**Score: 8**

**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	Cephalohematoma	An accumulation of blood under the scalp, specifically in the subperiosteal space. Accumulates from shearing in the birthing process. No intervention is needed, it will go away after several weeks or months.
B	Caput Succedaneum	Swelling of the scalp caused by pressure from the uterus or vaginal wall during delivery. Scalp will be soft and sponge-like with possible bruising. Superficial and doesn't cross the suture lines. No interventions are needed, will decrease over a few days.
C	Erythema Toxicum	May appear as macules, papules, or vesicles. The rash appears on any part of the body except the palms and soles of the feet. It appears suddenly and also disappears quickly, rarely lasting more than 7 days. It does not require any interventions.
D	Port Wine Stain	Made up of dilated skin capillaries. Frequently located on the face and is red to purple in color. It's not raised and doesn't blanch. Laser surgery is one intervention to remove it, if that is what the parents want to do.

E	Salmon Patch	Appears in 40% of all newborns. It may be found on the forehead or nape of the neck. It is pink in color and does blanch when pressure is applied. May be more prominent when newborn cries. No intervention is required, and it usually fades by 18 months of age.
F	Mongolian Spots	Spots are caused by melanocytes trapped deep in the skin. They appear flat and bluish-gray or brown, and are located on the back or buttocks. No interventions are needed, most spots disappear by age 2.
G	Epstein's Pearls	Small, white, or yellow cysts that can appear on the gums or roof of the mouth of newborns. Caused by oral tissues becoming trapped during fetal development. No intervention is needed, usually go away on their own within three months.
H	Macroglossia	Rare condition that causes babies to be born with an enlarged tongue. Can be caused by tissue overgrowth, tissue infiltration, or infectious or inflammatory causes. Some interventions are speech therapy and surgery.
I	Palmar Crease	A single line that runs the length of the palm. Most babies have three, but sometimes it will only form one. This is associated with down syndrome, fetal alcohol syndrome, and other genetic chromosomal abnormalities. However, if there are no other abnormalities present, no interventions are needed.
J	Neonatal Teeth	Teeth that erupt during the first month of life. Can be associated with certain medical conditions. They can cause both mother and baby discomfort. They should be left in the mouth for as long as possible, but one intervention they can do is to remove them before natal teeth come in.

### **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?

Low birth weight, prematurity, no skin-to-skin contact, delayed breastfeeding, environmental temperature, baby not wearing a cap, cesarean delivery

2. What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?
  - Cold, pale, or blue skin
  - Unusually quiet or sleepy
  - Refusal to eat
  - Rectal temp below 95 degrees Fahrenheit
  
3. List the 4 methods of heat loss and how they can occur in the newborn.
  - Evaporation: loss of heat as the amniotic fluid on the infant evaporates
  - Conduction: transfer of heat from the infant's body to cooler surfaces, such as towels or the cold base of a warming unit
  - Convection: the transfer of the infant's body heat to the surrounding cool air
  - Radiation: the transfer of the infant's body heat to a cooler object that infant is not in contact with, such as a window
  
4. What are the hazards of hypothermia?
  - Increased need for oxygen
  - A decrease in surfactant production
  - An increase in the use of stored glycogen, which can lead to hypoglycemia
  - Rapid metabolism of brown fat, lead to metabolic acidosis
  
5. What are some interventions the nurse can implement to help prevent hypothermia in the newborn?
  - Drying the infant immediately after birth and removing the wet towels
  - Placing the infant skin-to-skin with the mother as soon as possible and covering with a warmed blanket
  - Covering the head with a hat as soon as possible
  - Monitoring the newborn's temperature every 15 minutes for the first hour
  - Avoid uncovering or exposing the infant's entire body for procedures

- If unable to maintain skin-to-skin contact with a parent, placing the infant under a preheated radiant warmer for procedures
- Not bathing the newborn until the temperature has been stable for at least 2 hours
- Not placing the baby's crib near a draft or a window

### **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 or petroleum jelly to keep it from sticking to the diaper
  - Give sponge baths until healing is complete and the "ring" falls off
  
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. It is not a sign of infection
  - Keep 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 2 inches
    - Lack of urination
    - A fever greater than 100 degrees Fahrenheit axillary occurs
    - Baby cannot be calmed or soothed

### **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? None at this time due to pt being comfortable.

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

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
- Consider narcotic drip

Name 7 physiological effects of pain:

1. Pallor, flushing
2. Abnormal respirations
3. Tachycardia
4. Temperature changes
5. Hypoxemia
6. Blood pressure changes
7. Increased intracranial pressure

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 most competent staff to perform invasive procedures.
5. Use minimal amount of tape and remove tape gently.