

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?

An exam that help women check for breast cancer or breast lumps.

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

First position is standing or sitting in front of a mirror. When standing put hands on hips.

Second position is lying down with your head propped up on a pillow and one arm behind your head.

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

In a circular motion all the ways around the breast.

Up down and all the ways across the breast.

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

Like a pea, a marble or a walnut compared to a lymph node

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

At the same time each month.

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

When they note any changes in their 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?

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 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?
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?

November 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?

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?

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?

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: 1
Skin Color: 1

Score: 6

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: 2
Muscle Tone: 1
Reflex Irritability: 1
Skin Color: 1

Score: 7

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	Swelling of the scalp. Document
B	Cephalohematoma	Broken blood vessels in the scalp. Document
C	Erythema Toxicum	A newborn rash that appears suddenly and usually disappears within 7 days. Does not require special treatment.

D	Port Wine Stain	A birthmark caused by dilated skin capillaries. Do not require special treatment.
E	Salmon Patch	A birthmark caused by dilated skin capillaries that do not blanch when pressure is applied. Do not require special treatment.
F	Mongolian Spot	May be confused as a bruise. Appears bluish-gray or brown in color and is caused by trapped melanocytes in the skin. No treatment required.
G	Epstein's Pearls	White papules on the roof of the mouth and gums. They usually disappear within a few weeks of appearing. Do not require any treatment.
H	Macroglossia	A rare condition that causes an unusually large tongue. Educate, protect airway, and support nutritional needs.
I	Palmar Crease	Lines on the palm that help the hand stretch and squeeze. Does not require treatment in most cases.
J	Neonatal Teeth	Teeth that erupt within the first month of life. Protect tongue and breasts, make feeding comfortable, educate

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 of the factors that increase the risk of hypothermia include, a large surface area-to-body mass ratio, decreased amounts of subcutaneous fat, greater body water content, immature skin leading to increase in water evaporation and heat loss, poorly developed mechanism for metabolism to respond to thermal stress, meaning the inability to shiver and alterations in skin-blood flow like peripheral cyanosis.

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

Signs and symptoms of hypothermia include:

- 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.

- Evaporation: when amniotic fluid evaporates from the skin. May be sensible or insensible.
- Conduction: the transfer of heat between two solid objects that are touching when a newborn is placed on a cooler surface, such as a table, scale, or cold bed.
- Convection: the transfer of heat from the newborn to air or liquid when the newborn is exposed to cool surrounding air or to a draft from open doors, fans, or windows.
- Radiation: the transfer of heat between solid surfaces when the newborn is near cool objects, walls, tables, cabinets, without actually being in contact with them

4. What are the hazards of hypothermia?

Risk of hypoxia, cardiorespiratory complications, and acidosis due to increased oxygen consumption. As well as risk of hypoglycemia because of increased glucose consumption that is necessary to produce heat, and 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 the delivery room:
 1. Temperature of delivery room should be at least 25degrees Celsius and free from drafts
 2. Supplies for keeping newborn warm should be prepared ahead of time
 3. Temperature of the delivery room should not be determined by adults according to their comfort
- Immediate drying:
 1. Drying the newborn with a warm towel immediately after birth prevents heat loss from evaporation
- Skin-to-skin contact:
 1. Place the newborn on mother's chest or abdomen while drying
 2. Cover both newborn with another town and put cap on head
 3. Leave newborn in skin-to-skin on mom and keep covered
 4. Uncover newborn as little as possible during assessment and interventions
 5. Skin-to-skin can be maintained while mom is being attended to, during transport to recovery room, during assessments and interventions for the first hours after birth.
- Breastfeeding:
 1. Initiate asap, preferably within one hour after birth
- Postpone weighing and bathing:
 1. Weighing can be done following uninterrupted skin-to-skin and the first feed. Place on a warm blanket
 2. Bathing newborn soon after birth could lead to hypothermia and hypoglycemia
 3. Wash hair only, if hypothermic baby has thick wet hair. Dry hair thoroughly and place a cap on head.
 4. Bathing should be done quickly in a warm room, using warm water.
 5. After bath dry thoroughly, diaper and place skin-to-skin. If skin-to- skin not possible double wrap with warm blankets and ensure head is covered
 6. After skin-to-skin, dress newborn, apply cap and wrap in warm dry blankets
- Appropriate clothing/ blanket:
 1. Dress newborn in loose clothing and blanket.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

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

Keeping it clean. Use large amounts of Vaseline or Petroleum Jelly on penis to prevent sticking to diaper or skin coming up and sticking to the tip of the penis.

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

During healing the circumcision will get very red and swollen around day 3 or 4. This is normal, do not be alarmed. There will also be a yellow film that is part of the scabbing process. This is not puss. If there is an excessive amount of bleeding that does not stop with applied pressure or anything that shows signs of infection, take the child to 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

What would our pain management options be for Rose?

Pacifiers, Swaddling, position changes, decrease environmental stimuli, soothing vocalizations.

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 is receiving 0.5L O₂ via cannula to maintain O₂ saturation above 95%.

According to the NIPS pain scale, what is Bobby's pain level?

6

What would our pain management options be at this level?

Narcotic bolus, Pacifiers, Swaddling, position changes, decrease environmental stimuli, soothing vocalizations.

Name 7 physiological effects of pain:

1. Tachycardia
2. Temperature changes
3. Increase or decrease in blood pressure
4. Hypoxemia
5. Increased ICP
6. Abnormal respirations
7. Release of catecholamines, cortisol, endorphins

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

1. Avoid invasive monitoring when possible.
2. Select most competent staff to perform invasive procedures.
3. Use minimal amount of tape and remove tape gently.
4. Ensure proper premedication before invasive procedures.
5. Use appropriate equipment.