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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?
   The breast self-exam is a tool women can use at home to check themselves for breast irregularities that could indicate breast cancer.

2. What position(s) should the client be in while performing a self-exam?
   There are 2 positions to use when performing a self-exam. First, a woman should stand or sit in front of a mirror. They should put their hands on their hips then, they should raise their arms above their head. Next, the exam is performed with the woman lying down, place one arm behind their head at a time.

3. What are two methods for palpating the breast tissue?
   The two methods for palpating the breast tissue include using three fingers to palpate in a circular motion around the breast or an up and down motion over the breast.

4. What would the lump feel like compared to a lymph node?
   An abnormal lump can feel like a pea, marble, or walnut.

5. How often should your client do a self-exam?
   Patient should perform this exam once every month at the same time each month.

6. When should the client notify their healthcare provider about their self-exam?
   A patient should notify their healthcare provider when they notice any changes with their breast tissue.

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?
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?
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: 2
Reflex Irritability: 1
Skin Color: 1

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 37.5ºC
   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 of the newborn. It is caused by pressure from the uterus or vagina during delivery. No treatment is needed as swelling will decrease with time.
B	Cephalohematoma	Swelling of the head caused by a rupture of blood vessels between the skull and periosteum. It will resolve over a few days as blood is reabsorbed.

C	Erythema toxicum	May appear as macules, papules, or vesicles. Last about 7 days.
D	Port wine stain	Made of dilated skin capillaries. Does not fade on its own and laser surgery is the preferred treatment.
E	Salmon patch	Found on the forehead of nape of neck. Typically fades by 18 months of age.
F	Mongolian Spots	Caused by melanocytes trapped deep in the skin. Usually disappear by 2 years of age.
G	Epstein's pearls	Small cysts found on the midline of the palate. They are not painful and disappear in a few days.
H	Macroglossia	Enlarged tongue. If left untreated, could cause dental/skeletal deformities and respiratory issues.
I	Palmer crease	Most newborns have two major creases in their palms.
J	Neonatal teeth	Teeth that erupt within 30 days after birth.

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?
   Risk factors for hypothermia include decreased subcutaneous fat, greater body water content, altered skin blood flow, and immature skin.

2. What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?
   Signs and symptom of hypothermia include mottled or pale skin, bradycardia, respiratory distress, lethargy, and feeble cry.

3. List the 4 methods of heat loss and how they can occur in the newborn.
   1. Evaporation: such as amniotic fluid or bath water evaporating from the skin.
   2. Conduction: the transfer of heat between two objects; such as placing naked baby on a table.
   3. Convection: exposed to a draft; such as placing baby near a window or fan.
   4. Radiation: such as placing baby near cool objects like walls or cabinets.

4. What are the hazards of hypothermia?
   Hazards of hypothermia include increased cellular metabolism, increased oxygen consumption, hypoxia, and acidosis.

5. What are some interventions the nurse can implement to help prevent hypothermia in the newborn?
   Method to preventing hypothermia include immediately drying the newborn, warm delivery room, skin to skin contact, appropriate clothing and blanket, and breastfeeding.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

1. What care is provided to the penis after circumcision?
   For the first few days post circumcision, the penis should be wrapped with gauze and a small amount of petroleum jelly. Baby should be given sponge baths until healing is complete. Keep the penis clean and dry.

2. What education should be provided to parents about what to expect post circumcision?
   During the course of healing, a yellow crust may form; this is normal and do not try to remove the crust. After 10-12 days the Plastibell and dead foreskin should fall off. When this occurs, a small amount of bleeding may happen.

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?
Rose's pain level is 0.

What would our pain management options be for Rose?
At this time, Rose does not require pharmacological pain management. Tools such as swaddling, pacifiers, and decreased environmental stimuli can be used. Continue to assess patient for signs that indicate more pain management is needed.

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

Rose's pain level according to the CRIES scale is 1.

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?
Bobby's pain level is a 9.

What would our pain management options be at this level?
Options for a pain level as high as Bobby's include narcotic intermittent bolus and potential a narcotic drip.

Name 7 physiological effects of pain:

1. tachycardia
2. temperature changes
3. hypoxemia
4. pallor
5. abnormal respirations
6. blood pressure changes (increase/decrease)
7. pupillary dilation

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

1. analgesics
2. avoid invasive monitoring
3. premedicate before procedures
4. reduce number of needle punctures
5. conscious sedation