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?**
   A breast self-exam is an exam of one's own breast to see or feel lumps or abnormalities themselves to detect things early if necessary.

2. **What position(s) should the client be in while performing a self-exam?**
   For the first part, the client should be sitting or standing in front of a mirror. When standing place hands on hips with arms forward turning from side to side. Also, then move arms above the head. When lying down, head on a pillow and arm behind the head.

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

With using three fingers, the first way that you could palpate the breast tissue would be to use a circular motion all the way around the breast and overlap the area, going from the collarbone to the sternum and ensuring you get the underarm, as well. The second way is to go in a line and go up down all the way across.

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

A lump would feel like something that is not like the surrounding tissue. It will feel abnormal, like a pea or a marble. A lymph node will feel the same for all the surrounding tissue.

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

A client should this self-examination around the same time each month.

6. **When should the client notify their healthcare provider about their self-exam?**
   The client should notify their healthcare provider right away if they feel or see any changes in their self-exam.

J, F, M, A, M, J, J, A, S, O, N, D

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 13th.

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 18th

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 19th

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 4th

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 11th

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: 2

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

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: 1
Respiratory Effort: 1
Muscle Tone: 0
Reflex Irritability: 1
Skin Color: 2

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

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 newborns head from pressure. No treatment is usually given because it will likely go away over time.
B	Cephalohematoma	Collection of blood and force on the scalp with distinct swelling. The area should be left completely alone for enough time to heal.
C	Erythema Toxicum	Common rash that appears after birth and tends to fade. No treatment is needed because it will go away on its own.
D	Port Wine Stain	Birthmark presents at birth. Laser treatment can eventually be an option.
E	Salmon Patch	Reddish purple vessels that appear on the back of the head or neck. No treatment is typically needed as it will fade over time.
F	Mongolian Spots	Appear after birth. No intervention is recommended as the discoloration fades during the first years of life.
G	Epstein's Pearls	Cyst in newborn's mouth. No intervention is needed as they slowly dissolve on their own. Friction from breastfeeding, bottle feeding, or using a pacifier can help break down the bump.
H	Macroglossia	Engorged tongue in newborns, and it's usually associated with a syndrome. Different treatment modalities such as reduction of the tongue, medications, radiation, or orthodontic treatments can be used for complications.
I	Palmar Crease	A line that runs across the palm of the hand. A complete physical exam is recommended.
J	Neonatal Teeth	Teeth that erupt within the first 30 days of birth. Perform good mouth care make sure that they aren't causing discomfort to the baby.

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?**

I would educate her on the baby having a larger surface area-to-body mass ratio, decreased body fat, a high content of body water, immature skin and slow development of metabolic mechanisms for responding to thermal stress and altered skin blood-flow.

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

Bluing and coldness to the feet, pale skin, low blood sugar, shallow heart rate, rapid breathing or, shallow and irregular respirations, restlessness, respiratory distress lethargy, feeble cry, poor feeding, decreased or no weight gain.

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

Conduction can occur when the newborn is placed naked on a cooler surface The heat moves from one object to another object through direct touch. So, the babies heat is transferred right to the table.

Convection can occur when the newborn is exposed to cool surrounding air or to a draft from open doors, windows or fans. The heat from the newborn is transferred to the air or liquid energy from hotter areas to cooler areas.

Evaporation can occur when amniotic fluid evaporates from the newborns skin. This can occur just breathing or sweating. This is one of the greatest sources of heat loss at birth.

Radiation occurs when the newborn is near cool objects, walls, tables, cabinets, without being in contact with them. The energy moves from one place to another in a form that can be described as waves or particles.

4. **What are the hazards of hypothermia?**

The hazards of hypothermia are hypoxia, cardiovascular complications, acidosis, neurological complications, clotting disorders, hypoglycemia and death.

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

A warm delivery room, immediate drying, skin to skin contact, breastfeeding, postpone weighing and bathing, appropriate clothing, blankets and bedding and warm transportation.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

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

After a circumcision the care to provide is to clean the perineal area with warm moist cloth, use gauze and Vaseline and place over the head of penis. If the gauze is stuck, apply warm water. The diaper needs to be applied loosely and needs to be changed immediately after each void.

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

   Some education that should be provided is that it will get red and swollen post circumcision about 3- 4 days after and is not alarming. They need to do also that there will be a yellow film that is like scabbing but is normal. If there is an excessive amount of bleeding, or signs of infection the physician needs to be called.

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? Pain level is 0

What would our pain management options be for Rose? No pain management needed.

Using Rose's assessment, what would she score using the CRIES pain scale? Pain level is 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? Pain level is 9

What would our pain management options be at this level? Pharmacologic action is needed as in a narcotic intermittent bolus or even narcotic drip.

Name 7 physiological effects of pain:

1. High heart rate
2. Increased respiratory rate
3. Fussing
4. Not eating
5. Tensing body muscles
6. Grimacing
7. Restlessness

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

1. Pacifiers
2. Swaddling
3. Soothing vocalizations
4. Dimmed lights
5. No abrupt movements